Anxiety is the companion of the novice counsellor, but remember that your teachers were nervous too!

- Dr. T. Skovholt (Personal Communication 2006)

University of Alberta

Counsellor-Based Anxiety in Counsellor Development

by

Andrew Rendell Thomas Smith

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfillment of the requirements for the degree

Doctor of Philosophy

in

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta
Spring, 2008

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395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence
ISBN: 978-0-494-45601-9
Our file Notre référence
ISBN: 978-0-494-45601-9

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ABSTRACT

A qualitative interpretive inquiry research design was utilized to explore the beginning counsellor's experiences of anxiety. Nine participants from three geographically diverse Canadian graduate training programs were interviewed with respect to their experience of anxiety as developing counsellors.

Thematic analyses yielded several themes describing sources of counsellor anxiety, its manifestations, and methods of overcoming anxiety. Sources of anxiety were summarized and represented by three sub-themes: goodness of fit, the fraud factor, and client issues. Goodness of fit reflected the participants' experiences of discovering how they fit with significant aspects of their training programs in establishing their role as professional counsellors. The fraud factor theme discussed the feelings of incompetence and inauthenticity encountered in the participants' development. Finally, client issues which caused considerable anxiety for the participants were highlighted. The second theme, manifestations of anxiety, provided a detailed description of how participants experienced their anxiety. Many of the participants described cognitive features of anxiety and worry while others described somatic and physiological responses. The final theme, overcoming counsellor anxiety, suggested several key strategies and advice that the participants identified as being helpful and effective in reducing their anxiety. Findings are discussed within the context of counsellor development and training.

Acknowledgements

I would like to sincerely extend my thanks to each of my courageous participants for sharing their most anxious experiences in their journey of becoming a counsellor. Through a series of impasses and feeling stuck with clients, much was learned about one's self and chosen career. Thank-you for your openness in sharing your learning with me and contributing to this research.

I would like to thank my committee members, Dr. Barbara Paulson, Dr. Rob Short, Dr. Len Stewin, Dr. Frank Peters and my thesis supervisor Dr. Robin Everall for their guidance, support and patience. It has taken quite some time to complete this dissertation due to health related matters, however the genuine concern they have shown me during those difficult times was truly appreciated. I would also like to thank my wife Paula, and my children, Aaron, Noah and Samuel for their patience and understanding during the doctoral program. There will now be more time for play! Also, a special thanks to my parents, Derek and Jean Smith, who have been encouraging and supportive in my studies.

Finally, I would like to acknowledge the following individuals who through their consistent urging and support enabled me to complete this document: Dr. Gina Janzen, Mrs. Jenifer Fontaine, and Mr. Ed Langlois. Thank-you very much.

Table of Contents

Chapter		Page
I.	INTRODUCTION	1
	Definition of Terms	5
	Implications for Counselling Practice	6
	Organization of the Thesis	7
II.	REVIEW OF THE LITERATURE	9
	Counsellor Development Models	9
	Critical Reflective Thinking	15
	Sources of Counsellor Anxiety within the Counselling Process	17
	The Cycle of Caring	23
	Emotional and Cognitive Overload	24
	Experiences and Potential Consequences of Counsellor Anxiety	26
	Dealing with Counsellor Anxiety	27
	Research Questions	31
III.	METHOD AND PROCEDURES	33
	Participants	34
	Interview Procedure	36
	Analysis of Languaged Data: Development of Common Themes	38
	Trustworthiness	40
	Ethical Considerations	41
IV.	PARTICIPANT INTERVIEW SUMMARIES	42
	George	43
	Molly	50
	Judy	57
	Sam	64
	Amber	68
	Scott	73
	Anita	82
	Beth	88
	Leonard	94
V.	FINDINGS	102
	Theme One: Sources of Anxiety	102
	Goodness of Fit	103
	Fraud Factor	106
	Client Issues	112
	Theme Two: Manifestations of Anxiety	116
	Theme Three: Overcoming Counsellor Anxiety	120
	Personal and Professional Growth	120

Self-Care 123
Seeking Enhanced Learning 127
Supervision 128
Approaches to Helping Anxious Colleagues 130
Summary 133

VI. DISCUSSION 136
Salient Findings 136
Recommendations for Clinical Training 142
Incorporating Critical Reflective Practice 143
Adjusting Expectations 145
Support for Students 146
Peer Mentors 146
Supervision 147
Encourage Students to Develop Self-Care Strategies Early 148
Personal Therapy 150
Considerations 152
Future Research Directions 152
Conclusion and Final Reflections 154

REFERENCES 158
APPENDIX A: Purpose of the Study 168
APPENDIX B: Consent to Participate Form 170
APPENDIX C: General Interview Guide 172

CHAPTER ONE

INTRODUCTION

Individuals enter the counselling field for a number of reasons including the desire to explore their own personal problems and ways to resolve them, to help and care for others (Karon, 1995), and to make a difference in the lives of others. Research on becoming an effective counsellor suggests that it is a developmental process that spans an entire lifetime. Some theorists have attempted to describe the development of the counsellor from that of neophyte to "master therapist" (Jennings & Skovholt, 1999; Orlinsky & Rønnestad, 2005; Skovholt & Rønnestad, 1992). Counsellor personal growth and development will vary for different individuals due to factors including age, training, experience, values, beliefs, circumstances, and work settings.

The concept of counsellor anxiety is one factor that influences counsellor development (Skovholt & Rønnestad, 2003). It is noteworthy that in several models of counselling development little reference is made to the affective state of the counsellor apart from the use of descriptors such as feeling insecure, overwhelmed, or nervous. Very little seems to have been described in terms of how this 'nervousness' or anxiety was actually experienced by counsellors-in-training, what precipitated it, and how counsellors-in-training attempted to deal with it. There have been fewer studies related to, or describing the experience of counsellor anxiety as related to learning the counselling process (i.e., Dodge, 1982; Grater, 1985; Hansen, 1997; Loganbill, Hardy, & Delworth, 1982; Menninger, 1990; Rodolfa, Kraft, & Reilley, 1988; Stoltenberg & Delworth, 1987; Stoltenberg, McNeill, & Delworth, 1998).

It is important to note that not all anxiety is maladaptive or immobilizing, but rather an 'optimal' level of anxiety may provide counsellors with sufficient motivation and awareness to anticipate and effectively address problems encountered within the counselling process (Menninger, 1990). Historically, Yerkes & Dodson (1908) described an inverted U-function relationship between arousal and performance whereby very low or very high levels of arousal negatively impacted one's performance. Applying this law to one's performance as a counsellor may suggest that a moderate degree of anxiety produces optimal performance as a counsellor. Some counsellors may have a tendency to be sensitive to particular anxiety-arousing counselling events, while others may demonstrate a significantly higher anxiety threshold.

Among counsellors in practice, there may be an assumption or belief held by some that they are, or at least should be, immune to the same experiences of anxiety with which clients present, especially in the context of their chosen profession. Personally, I recall having held this belief, especially during and after completion of a Master's Degree in Educational Psychology. As I began to encounter novel and more conceptually challenging cases, I began to realize that this belief was very difficult, if not impossible to maintain. At that time I recall experiencing nights of fitful sleep and insomnia, poor appetite, feeling 'on edge' or 'keyed up' most of the time, and irritability. I began dreaming of actual as well as fictitious clients not on my caseload, but merely figments of my overactive imagination!

Upon reflection, there were many early counselling sessions where the focus was directed at providing the client with the best possible response, rather than focusing on being fully present with the client in the moment. Often, I wondered if I was really

effective as a counsellor, despite the praise of some of my clients. Being a novice counsellor in a general psychology practice setting exposed to a wide variety of client presentations, I began to reflect upon whether I could be an effective counsellor for each unique individual that sought assistance. Implicit in these reflections was a mixture of self-doubt regarding my knowledge of counselling at the time, competency level, and an unrealistic expectation about my role in counselling. I thought that I must possess adequate competency in enabling all clients to effectively address their unique goals in as few sessions as possible.

I recall using several different strategies to address anxiety and worry – some helpful, some not so helpful –which I later considered to be an important part of my development as a counselling psychologist. Certain strategies were suggested by peers, supervisors, friends and family, and a significant amount of personal reflection enabled me to discover those strategies that were most effective in reducing my counselling anxiety. One such strategy was taking up salmon fishing on some of the great salmon rivers in central Newfoundland, Canada. It was a peaceful and truly relaxing enterprise despite not having caught a single salmon that entire first year! After some time, I found that I was better able to relax, sleep, focus on tasks clearly, and improve my overall functioning. With respect to counselling, I noticed I was more accepting of my level of knowledge, realizing that I would continue to broaden my knowledge base and refine my style. I began to focus more on the client rather than personal insecurities about having the best answer at the right time. I was able to dismiss the notion of having to be all-knowing and omnipotent in order to be an effective counsellor. I developed the habitual response of informing my clients who asked me specifically to 'fix them' that "my magic

wand was broken" or it was "in the shop being mended but that in the meantime we would have to work collaboratively to explore some new possible options and solutions."

Self-reflection and continual re-evaluation of the counselling process and the corresponding personal development, has been an important aspect of my growth as a counsellor. I began to wonder if others had had similar experiences of anxiety in their development as counsellors, or if I were simply an overly neurotic anomaly. After some time working in a psychology department in a hospital setting, I pursued doctoral studies in Counselling Psychology at the University of Alberta. While mentoring Master's level students, I was relieved to discover that they described very similar anxious experiences. In part, it was precisely these sorts of personal experiences that provided the initial impetus for this research. Subsequent reviews of the literature suggested that very little had been written about the experience of anxiety in counselling graduate students, particularly in light of the ambiguity of clinical work and possible effects on counsellor development (Pica, 1998; Thériault & Gazzoli, 2006).

The purpose of this research was to explore and describe the anxious experiences of Canadian counselling graduate students - particularly during the early phases of their training and practice. Participants were selected from training institutions from three geographically diverse locations.

Specific questions explored were:

1) What is the experience of anxiety as a function of counsellor development?
2) What are the underlying themes of the anxious counsellor's experience in graduate school training?
3) How do counsellors address their anxiety?

A significant contributing factor in reducing pervasive anxiety in professional development is the increase in expertise due to experience and training (Skovholt & Rønnestad, 1992; 2003). In this study, participants helped define and clarify those counselling situations that produced anxiety during the training process. Furthermore, this study was intended to enhance counselling graduate students' understanding of how to effectively deal with their counselling anxiety, in part through strategies that the participants had implemented to reduce their anxiety.

Definitions of Terms

In the interest of clarity, several key terms are defined in this section.

Counsellor: A counsellor refers to those individuals providing counselling services to clients either on a one-to-one or group basis, who are either enrolled in, or have completed, graduate training in counselling. Other terminology encompassed by this term may include psychotherapist, therapist, and counsellor-in-training.

Counselling Process: For the purposes of this study, the counselling process broadly refers to those activities and experiences that are encountered when providing counselling services. As such, it may include any aspect related to counsellor-client interaction from the initial referral to client termination. For the counsellor, the counselling process may also include the continual refinement of one's skills and knowledge through self-reflection and interaction with supervisors and peers.

Development: According to Baltes, Reese, & Nesselroade (1977, p.4) "developmental psychology deals with the description, explanation, and modification (optimization) of intra-individual change in behavior across the life span, and with inter-individual differences (and similarities) in intra-individual change." With respect to

counselling, Orlinsky & Rønnestad (2005) have noted that development refers to "... an intelligible, directional (though not necessarily linear) change of state in a system or set of conditions." (p. 129).

Counsellor Anxiety: Counsellor anxiety may include fears, worries, and concerns experienced by an individual who engages in providing counselling to clients. The anxiety may be characterized by feelings of incompetence (Thériault & Gazzoli, 2006) or a variant of the impostor phenomenon (King & Cooley, 1995). In this study, it was left open to participants to define this concept for themselves, so as not to impose potentially restrictive definitions of counsellor anxiety.

Self-care: Counselling can often be a demanding and draining experience, both emotionally and physically, especially when dealing with clients who have experienced considerable trauma. Researchers have suggested that counsellors should engage in self-care activities to allow them to remain healthy in the face of a challenging profession.

Implications for Counselling Practice

As Pica (1998) pointed out, research related to the experiences of counselling students is very important in that, "If only for a moment, they provide validation, clarity, hope in the midst of great anxiety, discomfort and uncertainty" (p. 362). Practical implications of this research include assisting novice counsellors in developing realistic expectations of their counselling skills and abilities, and increasing self competency and self confidence at their particular stage of development. Through the explication of these graduate students' anxious experiences, supervisors may develop greater understanding of the novice counsellor's world through uncensored glimpses into their lives. As well, various effective strategies for maintaining a healthy level of anxiety have been

presented that can be incorporated into the counsellor's developmental process in both a proactive manner as well as in response to personal need.

Overall, it was anticipated that the findings would be useful in terms of influencing the general professional development of counsellors-in-training at the graduate school level.

Organization of the Thesis

In Chapter Two, Review of the Literature, developmental models of psychology and counsellor professional development are discussed. Sources of counsellor anxiety, as well as the experiences and potential consequences are described. Finally, methods of dealing with counsellor anxiety are discussed with reference to accessing both internal and external resources.

In Chapter Three, Method and Procedure, issues related to the rationale for choosing a qualitative research design within an interpretive inquiry framework are discussed, as well as descriptions of data gathering and analysis procedures within this paradigm. Ethical considerations for the present study are addressed there.

In Chapter Four, Participant Interview Summaries, each participant's interview summary is presented in order to provide the context for their experiences and a condensed, yet detailed, account of their experience, highlighting their personal stories of beginning counsellors with anxious experiences.

Chapter Five, Results, presents the salient findings of the study along three higher order themes, while Chapter Six, Discussion, integrates those findings in light of the current literature in this area, addresses current and future qualitative research

considerations, and implications for counsellor training. Chapter Six also allows an opportunity for final reflections.

CHAPTER TWO

REVIEW OF THE LITERATURE

Theories of psychological development have traditionally embraced a stage model depicting a natural progression through early, middle, and late life stages or across whole life spans (Skovholt & Rønnestad, 1992; 2003). In this section, a brief discussion of developmental stage theory is provided, followed by a review of specific counsellor developmental models.

Counsellor Development Models

Stage models have been used in theories of psychological, human, and professional career development. They have also been applied to counsellor development, and are helpful in that a good model guides supervision, training and education. A review of the counselling literature revealed several models of counsellor development spanning several decades (Chagnon & Russell, 1995; Dreyfus & Dreyfus, 1986; Fleming, 1953; Grater, 1985; Hill, Charles, and Reed, 1981; Hogan, 1964; Loganbill, Hardy, & Delworth, 1982; Skovholt & Rønnestad, 1992; Stoltenberg & Delworth, 1987; Stoltenberg, McNeill, & Delworth, 1998), with the most recent phase model formulation proposed by Rønnestad & Skovholt (2003). For the most part, each of these counsellor developmental models addressed similar stages of counsellor growth from neophyte to advanced therapist and contained at least three developmental stages or phases. Two basic assumptions are usually made in regards to counsellor development: 1) competence and self confidence increases as counselling students advance through a series of stages and associated challenges; and, 2) supervision structure should reflect these changing developmental levels (Chagnon & Russell, 1995). Although no one theory accounts for

all aspects of counsellor development, each model contributed to a greater understanding of the overall process of becoming a counsellor. However, what appears to be lacking is a current and detailed focus on the role of anxiety in counsellor development, particularly for beginning counsellors. There have been some contradicting findings noted. For example, Skovholt & Rønnestad (1992) reported a general lack of excessive anxiety among student counsellors, while a follow-up qualitative study by the same authors reported high levels of anxiety experienced by many beginning American psychotherapists (Rønnestad & Skovholt, 2003).

As reported in the literature, the counselling student initially lacks self confidence and competence, followed by confusion with experiences of competency on some occasions and inadequacy and failure at other times (Loganbill, Hardy, & Delworth, 1982). Through the transition from dependency to professional autonomy, conflicting and fluctuating feelings of insecurity and confidence have been reported for the counsellor (Hogan 1964). Interestingly, Hogan was one of the early researchers who recommended personal psychotherapy for developing psychotherapists during times of confusion and frustration. A common thread among the models reviewed was that the experience of anxiety diminished with increased experience, self confidence, and sense of professional identity (Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992). Skovholt & Rønnestad noted that an important factor in the reduction of anxiety appears to be an improvement over the course of development in the counsellor's ability to set and maintain boundaries as well as delineate the responsibilities of both the therapist and the client within the counselling relationship.

In defining a professional identity, there is a shift in the way the counsellor thinks about their role and ways of working, such that over time there is a greater fit or congruency within the individual. Basic therapeutic skills are gradually developed through the adoption of the counsellor's role, and the acquisition, expansion and continual refinement of both theoretical understandings and counselling methods (Grater, 1985; Hill, Charles, and Reed, 1981). Beginning counsellors typically required considerable external support at the beginning of their career and at transition points (Rønnestad & Skovholt, 2003). Later in their development, an integrated personal style is produced as knowledge and experience are integrated (Skovholt & Rønnestad, 1992). Grater added that beginning therapists experienced significant anxiety related to the counselling process, but as the therapist progressed through these stages, further therapeutic skills and flexibility were acquired while anxiety was lessened considerably.

One model of professional counsellor development that has received much attention is the Integrated Developmental Model (IDM; Stoltenberg & Delworth, 1987; Stoltenberg et al. 1998). The IDM proposed that development is continuous, and as knowledge and skills are increased, qualitatively different stages are encountered. However, the authors noted that there was not a clear linear progression through the stages and it was possible for counselling students to regress to earlier stages to address issues as they occurred. One of the intended functions of the IDM was to guide supervision of student counsellors by drawing supervisor attention to typical difficulties/concerns faced by counsellors. In contrast to the other models, the IDM is quite complex involving overriding structures of self and other awareness, motivation, and autonomy which evolve as the student continues through three stages of counsellor

development (Beginning Entry Level Trainee; Trial and Tribulation; and Challenge and Growth stages). At each stage, eight specific domains of clinical practice, competency in intervention and assessment techniques, interpersonal assessment, theoretical orientation, client conceptualization, treatment planning and goals, and professional ethics are assessed to evaluate a student's level of development.

More recently, Rønnestad & Skovholt (2003) presented a six phase model of counsellor development which included the Lay Helper phase, the Beginning Student phase, the Advanced Student phase, the Novice Professional phase, the Experienced Professional phase, and the Senior Professional phase.

In the lay helper phase, the helper has essentially no formal training but may be a friend, parent or volunteer who is interested in helping others with their problems. The helper may rely on personal experiences or on previous therapy they may have received in order to generate solutions for the 'client'. Emotional support may be provided to the 'client' and in this sense, the helper may begin to experience the client's world and experiences as their own. This can be anxiety-provoking in and of itself, and the helper's anxiety may increase or stay the same depending on many factors including the helper's age and life experiences.

In the beginning student phase the helper begins graduate school and develops a better understanding of theory and practice. The integration of theory and practice is often overwhelming and stressful and tends to cause anxiety for the counselling student, particularly when facing their first actual client. Orlinsky & Rønnestad (2005) noted that novice counsellors often worry about what to say to their initial clients, and this anxiety can interfere with the student's ability to process, concentrate and remember the content

of the session. Beginning counsellors who have difficulty communicating with their clients often experience feelings of incompetence (Thériault & Gazzoli, 2006). Orlinsky & Rønnestad suggested that this anxiety can be relieved somewhat through positive feedback from both supervisors and the client. However, in the face of negative client feedback, the novice counsellor can often become quite reactive and experience difficulties with their countertransference (Kottler, 2003). Novel and complex client presentations arise and it is a common occurrence that supervisors are sought after for assistance and answers at this stage. In addition to supervision, relief for the beginning counsellor includes exposure to general counselling principles and use of treatment models that can be widely applied with the counsellor's initial clients (i.e., empirically supported treatment protocols).

In phase 3, the advanced student typically is engaged in a full time internship with supervision, which tends to occur towards the end of the graduate training program. The intern may experience anxiety as a result of fluctuating self-confidence levels (Grater, 1985; Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003). However, anxiety appears to decrease somewhat at this stage as the counsellor-in-training experiences success in imitating professionals and continues to develop his/her understanding of counselling. During the internship, the intern often has the opportunity to become more adept at administrative tasks, further develop psychological assessment skills and explore one's counselling style. Depending on a number of factors, (i.e., individual personality differences; quality of supervision; the fit between personal expectations and those of the internship setting) interns may experience overconfidence at times and overwhelming anxiety at other times. The tasks of counselling become more complex at this stage and

may become a greater source of anxiety for the counselling student. In light of this complexity, many interns experience greater internal pressure to competently perform as a counsellor (Rønnestad & Skovholt, 2003).

In the novice and experienced professional phases, the counsellor has graduated and entered professional practice. This transition from academia to professional practice can be quite overwhelming for the counsellor as there are increased expectations from oneself and others. Attempts at bridging this gap can be anxiety provoking. These initial years have been described as "intense and engaging" as the counsellor continues to evaluate and refine their role and ways of working (Rønnestad & Skovholt, 2003). There is also a sense that the counsellor is now free and independent without as much access to supervision and support. Interestingly, the authors described a process that typically occurs for newly graduated counsellors.

> First, there is a period where the counsellor/therapist seeks to confirm the validity of training. Second, when confronted with professional challenges inadequately mastered, follows a period of disillusionment with professional training and self. Third, there is a period with a more intense exploration into self and professional environment. (p. 17).

With years of experience since graduation, counsellors tended to report experiences of satisfaction rather than anxiety. This decrease in anxiety is likely associated with a process of continually redefining one's role and developing a better and more comfortable understanding of one's role as a professional counsellor. There is a move towards increasing one's authenticity as a counsellor and a greater understanding of boundaries within the therapeutic relationship in terms of responsibility for therapeutic change (Rønnestad & Skovholt, 2003). Also, at the experienced professional level, the counsellor's knowledge base is enhanced primarily through critical reflection of his/her

professional and personal lives (Grater, 1985; Hill, Charles, & Reid, 1981; Rønnestad & Skovholt, 2003).

In the final senior professional phase, a counsellor has typically been practicing for 20 years or more and may be nearing retirement. At this time, engaging in supervision and mentoring relationships can provide the senior professional with new opportunities for learning. It appears that the experience of anxiety has been replaced with a focus on professional satisfaction.

Critical Reflective Thinking

Several authors have recognized the importance of critical reflective thinking with respect to adult learning (Mezirow, 1996; 1998) as well as the development of competence in the novice counsellor (Griffith & Frieden, 2000; Irving & Williams, 1995; Nelson & Neufeldt, 1998; Neufeldt, 1999; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992; Ward & House, 1998).

In a recent paper describing professional development among medical students, it was noted that as one's knowledge and skills base continue to grow, coupled with extensive reflective practice, the student begins to acquire phronesis or practical wisdom (Hilton & Slotnick, 2005). Much like counselling, the acquisition of phronesis is indeed a lifetime pursuit that warrants continual reflection and improvement. Hilton & Slotnick noted that many opportunities for knowledge, skills, and experience are provided during medical school but professionalism requires "... sophisticated reflection on the doctor's part ... to produce insights enabling the individual to better address the needs of patients specifically, and society generally" (p. 59). Similarly, in the search for a professional identity, the counselling graduate student establishes and continues to refine his/her

knowledge base and interpersonal counselling skills, through practicum and internship experiences. Improving competency and gaining phronesis requires reflective thinking and practice.

Griffith & Frieden (2000) defined reflective thinking as "... the active, ongoing examination of the theories, beliefs, and assumptions that contribute to counsellors' understanding of client issues and guide their choices for clinical interventions" (p.82). Similarly, Ward & House (1998) defined reflective practice in terms of counsellor development as "the process whereby trainees meaningfully reconstruct counselling experiences using a repertoire of understandings, images, and actions to reframe a troubling situation so that problem solving interventions can be generated" (p.24). The act of reflective practice regarding both professional and personal content is ongoing and necessary for continued professional development, as well as long term effectiveness as a psychotherapist (Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992).

However, it has been suggested that counsellors tend to rely on a "common sense, intuitive approach" rather than a systematic approach as suggested by the above definition (Irving & Williams, 1995). If indeed reflective practice is central to counsellor development especially as it applies to feelings of anxiety, it must be fostered and encouraged throughout all phases of counsellor training, including the supervision and mentoring process. Assisting the beginning counsellor in wading through the ambiguity, uncertainty, and complexity of counselling is a key tenet of effective mentoring and supervision. One of the best ways of accomplishing this mentoring task is through the encouragement of ongoing self reflection as a means to work through the anxiety associated with challenges at different stages of professional development (Neufeldt,

1999). New and salient learning occurs predominantly when an individual carefully examines personally held beliefs and assumptions, as well as interpersonal therapeutic relationship dynamics.

Sources of Counsellor Anxiety within the Counselling Process

Beginning practitioners of many helping professions and theoretical orientations feel overwhelmed early in their careers. Orlinsky & Rønnestad (2005) wrote that there is often a

> ... lack of professional confidence that buffers the experience of anxiety when difficulties are encountered. The anxiety of self-consciousness, which leads to focusing on oneself, makes it more difficult to attend to the complex work tasks. Counsellor and therapist anxiety impacts the quality of the work because the attention can not be directed toward optimally relating to the client. The individual's attention is directed toward reducing the external visible effects (i.e., trembling and wet hands, unsteady voice) and lowering the internal anxiety so one can think effectively. (p. 47).

Furthermore, Skovholt & Rønnestad (2003) noted that many beginning therapists may be fearful of being speechless and not know how to react in a given situation.

"Critical incidents" as defined by Skovholt & McCarthy (1988) are those incidents which have an impact and are developmental turning points for counsellors. However, not all critical incidents or experiences will produce the same degree of impact for all counsellors in light of diverse histories and backgrounds. Moreover, it is the interaction between the counsellor's readiness to learn and a specific event that contribute to counsellor development. The authors also noted that exposure to critical events were necessary for growth as a counsellor.

In a special issue of the Journal of Counseling and Development (Skovholt & McCarthy, Eds., 1988), a wide range of poignant critical incidents were reported. Various experiences of counsellor anxiety are found woven throughout the contributions of 58

therapists and counsellors. Specific critical incidents included learning from clients, becoming clients, experiencing disillusionment and vulnerability as therapists, and the struggles involved in the search for a special identity or professional role (Andreozzi, 1988; Crowley, 1988; Davenport, 1988; Haferkamp, 1988). Other critical incidents were reported when conducting grief work involving the loss of children (Landreth, 1988), becoming over-involved in the helping relationship (Dougherty-Hunt, 1988), and the experience of personal pain (Amgott, 1988). Many of the contributors expressed anxiety about not knowing what to do, their perceived lack of knowledge, clinical skills, and competencies as practitioners, and whether they were being helpful enough (Skovholt & McCarthy, Eds., 1988). As well, feelings of incompetence and insecurity were aroused when client presentations paralleled the therapists' personal experiences (Thériault & Gazzola, 2006).

Important components of the therapist's anxiety are feelings of incompetence which can be harmful to the therapist and the therapy process. Recent research has focused on the sources of the therapist's experience of feelings of incompetence and four main sources were identified including "permissible/conditionally positive" aspects such as human fallibility and ambiguity in the counselling profession; "professional issues" related to lack of knowledge, training, and experience; "process issues" such as process-outcome discrepancy; and "personal elements" including the therapists' history and wounds, personal vulnerabilities, values, and state and trait issues (Thériault & Gazzola, 2006; p. 324). The critical incidents reported above are consistent with this conceptualization of the beginning counsellor's insecurities.

In a study of 285 practicing psychologists, Pope & Tabachnick (1993) found that 97% feared that a client would commit suicide, 91% feared that the client would get worse, 89% reported fearing that client would attack a third party, 83% feared that they would be attacked by a client while 18% reported having been attacked. Over 50% of the respondents in that study were so fearful about a client that it affected their appetite, sleeping, and concentration. Similarly, Menninger (1990) surveyed a group of 88 psychotherapists with a median age of 40-49 years of age with an average of 5 – 7 years of experience as psychotherapists. Using a questionnaire format only, the participants were requested to "list the five most anxiety-provoking experiences in your psychotherapeutic practice, ranked in order of severity" and "how they sensed their anxiety, whether they thought the patient recognized it, how they coped with it, and whether the anxiety prompted extraordinary action on the part of the therapist" (p. 232). According to Menninger's questionnaire respondents, the most anxiety-provoking experiences were associated with client suicide (i.e., threats, gestures, attempts, or completed suicides). Other studies support this finding (McAdams & Foster, 2000; Richards, 2000) and it is not surprising given that almost one in four practicing psychologists reported having had a client who committed suicide (Chemtob, Hamada, Bauer, Kinney, & Torigoe, 1988). The second highest anxiety-provoking event or situation was related to client violence which included threats, displaying firearms, or damage to the therapist's office. Over 40% reported that "difficult patients" who intruded into the therapists' personal life and/or were involved in criminal activity or litigation were a considerable source of anxiety. Consistent with Thériault & Gazzola's (2006) findings, approximately 40% reported that challenges to their competence created anxiety

for them as therapists. Furthermore, self-doubt, treatment failure, and diagnostic difficulties also produced anxiety for some of the respondents (Menninger). Other reported sources of anxiety included silence in group therapy, client's anger directed at the therapist, amorous displays by the client, and threats of malpractice litigation. Finally, additional sources of anxiety as reported by this sample included testifying in court and speaking engagements with larger groups.

Using a mixed-methods design, Schroder & Davis (2004) identified three types of therapist difficulty in practice. The first of these, Transient Difficulties, was defined as "difficulties in which the situation encountered exposes deficiencies in the therapist's knowledge, technical skills, or experience" (p. 331). It was suggested that this type of difficulty could be successfully addressed with additional clinical experience and further development of skills and knowledge. Paradigmatic Difficulties were defined as those "difficulties that arise out of the enduring characteristics of the therapist experiencing them ... and ... may be coped with, accommodated to, or somewhat modified over time, but are essentially stable in nature" (p. 332). It should be noted that, according to the authors, most other therapists at similar points in their professional development would not describe the same situation as being difficult, and that the therapist would have to undergo significant personal change to no longer experience them. Situational Difficulties were defined as difficulties that are intrinsic to the situation which would cause difficulties for therapists at all levels of professional development. These difficulties included dealing with difficult patients, as well as stressful situations that could not be changed and therefore must be accepted. This type of difficulty cannot be eradicated with additional education and experience.

Schroder & Davis (2004) noted that elements of each type of difficulty can be present in the experiences faced by counsellors and therapists in their daily work. The authors suggested that successful resolution can bring about increases in professional development through gaining further knowledge, technical skills and experience for Transient Difficulties; opportunities for self reflection leading to personal growth and development in the face of Paradigmatic Difficulties; and the promotion of calmness when encountering Situational Difficulties.

High levels of anxiety and stress have been shown to be related to burnout for individuals in the helping professions (Day & Chambers, 1991; Leiter & Harvie 1996; Vredenburgh, Carlozzi, & Stein, 1999). Rabin, Feldman & Kaplan (1999) have noted that the effects of stress facing counsellors and mental health professionals and their responses to these stresses are dependent on several factors. These factors include, "the extent of the demand, their own personal characteristics and coping resources, their personal or environmental restrictions with regard to the situation and the encouragement and support received from others" (p.159). As a direct result of interpersonal contact with the client, varying degrees of negative affective responses within the therapist such as "tension, anxiety, hopelessness, embarrassment, fear and sometimes even hostility" (ibid) may occur. The intensity and frequency of the experience of these affective responses may range from quite mild to severe, and may also depend on a number of factors such as experience, adequacy of supervision, the therapist's personality, specific session characteristics, and degree of self-perceived competence. Adding to these findings, Cushway & Tyler (1996) reported that stress levels for psychologists-in-training were

higher than professional clinical psychologists, particularly for women and individuals with less clinical experience.

When counsellors engage in the counselling process with an individual or group of individuals it is quite natural for each participant to experience a range of emotions. Beginning counsellors can become anxious when working with a client who is experiencing severe emotional distress, and may experience interference with respect to their own emotional boundaries (Skovholt & Rønnestad, 2003). Goldstein (1998) reported that client types such as borderline, narcissistic and psychotic individuals tended to elicit more anxiety for the therapist than other client types. Emotions felt by the counsellor towards the client have been described as counter-transference (Kottler, 2003) and refers to the "counselor's thoughts, feelings, and fantasies about the client" (Hansen, 1997, p. 365) and the "specific, emotional and at least to some extent, unconscious response of therapist to patient" (Richards, 2000, p. 328). Some of these emotions may cause little or no anxiety in either party. However, counsellors may experience a range of emotions such as helplessness, rage, attraction, and dislike as a form of counter-transference reaction that can be quite distressing (Hansen, 1997) and lead to a sense of heightened anxiety when working with particularly disturbed clients (Shur, 1994).

One of the greatest struggles presented to the beginning counsellor is the ambiguous nature of professional work and dealing with ambiguity is an essential task that contributes to counsellor development (Pica, 1998). Ambiguity compels the beginning counsellor to face their anxiety. Part of the ambiguity and uncertainty is related to determining the most helpful ways of being with a client as well as sorting through a plethora of theoretical orientations. Skovholt & Rønnestad (2003) also pointed out that

beginner counsellors have not yet sufficiently internalized conceptual knowledge so as to act and react from a base of intuitive knowledge and comfort. Pica described several situations in which the beginning counsellor becomes stuck. He indicated that not knowing how to proceed, and having wavering confidence in one's decision-making skills, creates stress and anxiety for the novice counsellor.

> The challenge is working without a clear set of guidelines at immediate disposal that specify how to engage a minority client, how to interpret a child's play, how to respond to threats of violence, how to manage clients who dissociate during session, how to respond to patients who request a certain type of therapist or therapeutic modality, how to deal with adolescents hinting at running away from home, or how to work with court ordered clients who refused to make eye contact or participate during session. (p. 362-363).

Many counsellors desperately seek to quell the ambiguity inherent in conducting therapy with clients by relying on the use of treatment protocols. However ambiguity returns once again when situations not covered in the manual occur.

The Cycle of Caring

One of the key difficulties that beginning counsellors have is how they manage their emotional responses to clients and counselling related situations. Skovholt and Rønnestad (2003) have suggested that counsellors who perform at their best are able to "experience, understand, regulate, and express emotions at a level that facilitates the therapy process" (p. 49). Skovholt (2001; 2005) noted that it is particularly challenging for beginning counsellors to engage in the "cycle of caring" which is a repetitive pattern of empathic attachment, followed by active involvement, and then separation from the client(s). In this model, there is the possibility for the counsellor to feel emotionally and/or cognitively overwhelmed.

Emotional and Cognitive Overload

Skovholt and Rønnestad (2003) described three ways of dealing with emotional or cognitive overload: premature closure, insufficient closure, and functional closure. Premature closure is related to the counsellor's inability to deal with the strong emotions that often arise during counselling sessions. As a result of premature closure, the counsellor is not able to connect with, or maintain a connection with the client's affective state. Insufficient closure, on the other hand, is descriptive of the counsellor's difficulties in ceasing to process an emotionally charged session. This may affect the counsellor in several ways. The counsellor may not be able to stop thinking about the client or his/her reactions to the client. The counsellor may have difficulty shutting off distressing feelings related to a particular session. With insufficient closure, the counsellor's professional boundaries within the therapeutic relationship may be unsatisfactorily monitored and controlled. Functional closure refers to adequately processing the information and being able to stop thinking about it so as not to continue to process the information over and over in non-productive ways. Being over-involved and feeling over-responsible for the client's change process is a quite common challenge for beginning counsellors as well as those who are more experienced (Skovholt & McCarthy, 1988). Skovholt & Rønnestad identified seven sources of stress for the novice practitioner. These included acute performance anxiety and fear, illuminated scrutiny by professional gatekeepers, porous or rigid emotional boundaries, the fragile and incomplete practitionerself, inadequate conceptual maps, glamorized expectations and, the acute need for positive mentors.

Overly optimistic and unrealistic expectations for client change can create stress for beginning counsellors. For example, Skovholt & Rønnestad (2003) noted that some

beginning counsellors may believe that "if I am able enough, skilled enough, warm enough, intelligent enough, powerful enough, knowledgeable enough, caring enough, present enough -- then others will improve" (p. 53).

Striving to meet unrealistic expectations at the novice level can prove to be an unreliable measure for gauging one's self-worth and abilities. When clients fail to improve dramatically, or at all, despite the counsellor's best efforts, the beginning counsellor may become disillusioned and begin to experience self-doubt. Skovholt & Rønnestad (2003) indicated that as the counsellor continues to develop and gain experience, s/he develops an understanding that change is often slow and complex, and that realistically s/he is not responsible for curing the client. One study found that the more responsibility the therapist took on for the client change process, the more vulnerable they made themselves to feelings of incompetence, self-doubt and insecurity (Thériault & Gazzola, 2006).

Recent research has suggested that counsellors' feelings of incompetence, defined as, "self-depreciating, subjective evaluations of their performance as therapists" are harmful for the therapist and can negatively affect therapy (Thériault & Gazzola, 2006, p. 313). Further, feelings of incompetence and self-doubt do not necessarily diminish with experience for all therapists as predicted by counselling developmental models. One study found that over 1/3 of therapists with 10 years experience and 7.6% of therapists with 23 to 52 years of experience reported a sense of low mastery (Orlinsky et al., 1999). This suggests that experience alone is not always sufficient in reducing the insecurities felt by the novice counsellor when beginning counselling practice.

Experiences and Potential Consequences of Counsellor Anxiety

The subjective experience of counsellor anxiety appears to mirror that of typical anxiety states. Therapists in Menninger's (1990) study reported experiencing inner tension, heightened acuity, and generalized uncertainty. Some noted experiencing a sense of apprehension, feeling threatened, frightened or panicked, and a sense of dread of upcoming sessions. The therapists indicated that they had difficulty sleeping, and would replay counselling sessions over and over in their mind. Some of the participants described physical symptoms of anxiety such as tachycardia, a knot in the stomach, muscular tension, flushing, slight tremor, and a visceral sense of distress which included cold hands and excessive perspiration. Another finding suggested that the therapists felt incompetent, had lost their sense of humor, felt an urge to cry, and avoided looking patients in the eye.

Anxiety arising from significant counselling events or situations can have deleterious effects on counsellors, especially those in training. For example, Kleespies, Penk, & Forsyth's (1993) study suggested that pre-doctoral interns in psychology reported greater levels of shock, disbelief, failure, sadness, self-blame, guilt, and shame than more experienced psychologists after the suicide of a client. In addition to these feelings, other studies have suggested that trainees in similar contexts may react with anger, loss of self-esteem, guilt, have intrusive and avoidant thoughts related to the incident, as well as a sense of increased fear in dealing with other suicidal patients (Kleespies et al. 1993; McAdams & Foster, 2000; Sacks, Kibel, Cohen, Keats, & Turnquist, 1987). Richards (2000) suggested that within the context of client suicide, professional helpers experience and often display the same emotional reactions as the

client's family members. At the very least, anxious thoughts can lead some beginning counsellors to become overwhelmed and distracted to the point where they are unable to meet their clients needs (Pica, 1998).

Dealing with Counsellor Anxiety

Several resources have been identified in the literature that the beginning counsellor can turn to when experiencing difficulties. Such resources include supervision, self-care, self-reflection, personal therapy, reviewing academic and technical literature, seeking support, enhancing one's knowledge through additional training (i.e., attending conferences, special interest study groups and workshops), and collegial and peer consultation (Chemtob et al. 1988; Cushway & Tyler, 1996; Hansen, 1997; Menninger, 1990; Norcross, 2005; O'Halloran & Linton, 2000; Parker, 1988; Perlman, 1999; Pica, 1998; Pope & Vasquez, 2005; Rabin, Feldman & Kaplan, 1999; Rebillot, 1988; Rønnestad & Skovholt, 2001; Schroder & Davis, 2004; Sowa & May, 1994; Watkins, 1985).

In a study investigating counsellors' perceived occupational stress and coping resources, Sowa & May (1994) found that those counsellors who perceived higher levels of occupational stress reported significantly less recreation, self-care and social support than those who perceived lower levels of stress. O'Halloran & Linton (2000) have identified what may be the crux of the problem related to stress build-up, burnout, secondary traumatic stress, and similar constructs. They suggested that counsellors are responsible for their own psychological and physical well being, and despite the fact that counsellors "are trained to care for others [they] often overlook the need for personal self-care and do not apply to themselves the techniques prescribed for their clients" (p. 354).

Participants in Menninger's (1990) study actively dealt with their anxiety through methods such as setting firm boundaries in therapy, consulting with others, directly discussing their concerns about therapy with the patient, and anxiety reducing techniques such as exercising, reading, or crying. Other strategies included getting prepared, cognitive refocusing, developing breathing and relaxation skills, physically escaping, arranging for alone time and vacation, and participating in activities unrelated to work. In another study, one of the coping skills used by psychotherapists following the suicide of a client included increased consultation with colleagues and supervisors (Chemtob et al. 1988). The anxiety-provoking event created the need for networking and interacting with other professional counsellors and developing personal support systems (Perlman, 1999). In a study by Cushway & Tyler (1996) counsellor coping strategies largely consisted of debriefing with others such as supervisors and colleagues.

Another option involved seeking personal counselling (Crowley, 1988; Hansen, 1997; Linley & Joseph, 2007; Norcross, 2005; Rebillot, 1988; Rønnestad & Skovholt, 2001; Schroder & Davis, 2004; Skovholt & McCarthy, 1988; Watkins, 1985). In one study, therapists who were receiving personal therapy reported more positive psychological changes and less burnout with respect to their clinical work (Linley & Joseph, 2007). In that study it was found that personal therapy provided a buffer against the negative effects of burnout and allowed for opportunities for personal growth.

Norcross (2005) indicated that many experienced clinicians sought personal therapy throughout their development. Approximately three quarters of mental-health professionals in the United States have had at least one session of personal therapy (Norcross & Guy, 2005). Norcross argued that, "the fact that psychotherapists seek

personal treatment during their careers supports the conclusion that it is widely perceived as an essential part not only of the formative training phase but also of the practitioner's ongoing maturation and regenerative development" (p. 842). It was interesting to note that in a study by Norcross, Karpiak, & Santoro (2005), 100% of self-identified psychoanalytic therapists had undergone personal therapy, as had 86% of systems therapists, 83% of eclectic or integrative therapists, 81% of psychodynamic therapists, 76% of humanistic therapists, 65% of cognitive therapists, and 64% of behavior therapists.

There have been studies which describe the need for integrating stress management techniques into the curriculum of graduate level counselling programs (Sowa & May, 1994), and in-service training for practicing counsellors (Rabin, Feldman & Kaplan, 1999). Rabin, Feldman & Kaplan recommended that program administrators evaluate sources of stress and develop strategies to address self-care, assertiveness training, cognitive /rational strategies, relationship skills, relaxation, appropriate boundary setting and organization and planning skills. The authors also suggested that peer supervision and consultation groups can be quite effective.

It has been reported that students and professionals may feel helpless, unprepared, and left to their own devices to deal with anxiety-provoking experiences (Brown, 1987). McAdams & Foster (2000) have strongly supported the idea that students who receive specific preparation for anxiety-provoking events during training and supervision will be better able to deal with the consequences of such events. According to Cerney (1985) supervisees need help to identify and deal effectively with their reactions to the client, but many supervisees have indicated that this aspect is often neglected in supervision

(Skovholt & Rønnestad, 1992). The availability of supportive and helpful mentors is critical for the beginning counsellor who is experiencing significant confusion. Without a mentor, beginning counsellors may experience what Skovholt & Rønnestad (2003) described as "orphan distress" or "novice neglect."

Having a mentor during the early stages of counselling graduate training can be beneficial in reducing anxiety while concurrently nurturing more realistic expectations of oneself as a counsellor (Pica, 1998). In a recent qualitative study, Rønnestad & Skovholt (2001) interviewed 12 senior psychotherapists and asked them to describe the impact of early life experience, cumulative professional experience, interaction with professional mentors, and experiences in adult personal life on professional development as a counsellor. Family of origin issues played a significant role in terms of adoption of theoretical orientation, therapeutic approaches, collegial relationships, difficulties in therapy and means of dealing with these counselling related stresses. The 12 senior psychotherapists generally indicated that as they acquired more professional experience and confidence/security, they noticed that their pervasive anxiety decreased. The effects of mentoring were lasting and internalized on the part of the participants.

Rønnestad and Skovholt (2001) recommended the establishment of mentoring relationships early within the training process since "mentors and other professional elders impact the professional life of practitioners forever!" (p.186). They further urged those responsible for training programs to provide many opportunities for good matches between mentors and students. Such opportunities would allow for observation of, and interaction with seasoned practitioners. As well, mentors can encourage the counselling student to engage in critical self-reflection, learn from mistakes and suggest personal

therapy when required. The student clinician may be able to be more transparent about their anxieties, vulnerabilities and weaknesses as a counsellor with a mentor as opposed to supervisors and faculty staff with whom a component of evaluation and academic grades are concerned. Peer mentors are often able to validate the beginning counsellor's anxieties and difficulties (Pica, 1998).

The experience of bewilderment and anxiety in the course of professional development has also been reported in related mental health fields such as psychiatry. In a recent perspective paper entitled, "A day in the life of a psychiatry resident: a pilot qualitative analysis" several important themes were identified that relate to achieving a balance between roles, between home and work, as well as professional growth and identity development as a psychiatrist (Hilty et al., 2005). Interestingly, it was noted that new residents often felt incompetent and struggled with choosing the most efficacious response for individual patients. Consultation was held with role models and peers to gain additional perspectives as to appropriate courses of action. In situations where they became 'stuck,' there was a realization that listening to their patients could be quite helpful and healing. Clinical experience, relationships with others, peer support, supervision, role modeling, mentoring, and other intangible events assisted them in the search for an identity as a psychiatrist more so than didactics (Hilty et al.).

Research Questions

In light of this literature review it became clear that much can be learned about the experience of counsellor anxiety in counsellor development. In particular, what is the experience of anxiety as a function of counsellor development? What are the underlying themes of the anxious counsellor's experience in graduate school training? If present,

how do counsellors address their anxiety? This study aimed to provide rich contextual descriptions to further illuminate this experience, and provide the basis for further study in this area.

In the following chapter, Method and Procedures are described in detail so as to provide the reader with an accurate and concise account of the manner in which the study was conducted and to provide context for the participants' interpretive accounts. An audit trail such as this was incorporated to make sure that the results are dependable and consistent with the data collection methods used.

CHAPTER THREE

METHOD AND PROCEDURES

The purpose of the current study was to describe and clarify the experience of counsellor anxiety amongst counsellors-in-training. To this end, an interpretive qualitative research design was used to illuminate the in-depth descriptions of the novice counsellor's experiences of anxiety. One of the main concepts of an interpretive qualitative study is the idea that reality is constructed through interaction with one's environment (Merriam, 2002). In researching counsellor based anxiety, the researcher was interested in interacting with novice counsellors to explore how they interpreted and constructed the meaning of anxiety in their development as counsellors. Focussing on the experience of anxiety as a developing counsellor is an example of what Husserl described as psychological reduction (Husserl, 1939/1954, p. 236; cited in Wertz, 2005). In this study, the phenomenon of "counsellor development" is reduced to those aspects related to "anxiety as part of counsellor development." The researcher is then able to fully explore individual subjective interpretations of meaning that each participant has assigned to components of their lived experiences of "being anxious".

The analysis and synthesis of data is necessarily context bound and specific to the participants' experience of anxiety in their natural contexts as developing counsellors. As such, claims of universality cannot be made. The degree of generality is determined by the reader or consumer of the research in reflecting upon their own life-world experiences of becoming a counsellor. The counsellor's subjective experiences of anxiety can be interpreted and described in many different ways, often depending on several factors such as individual differences and previous experiences or training. Reactions to similar

anxiety-provoking situations may produce affective responses that will vary considerably for counsellors at similar points in their development. The interpretive inquiry method was chosen to discover and understand the experience of anxiety, rather than determine causal relationships, test hypotheses or develop theories.

Osborne (1990) suggested that all knowledge is human knowledge and is received and processed through our experience with the phenomenon. When a counsellor critically reflects on his/her experiences of anxiety, many observations may be made: observations that may be shared by other counsellors reflecting on similar situations encountered at different moments in their own development. In an attempt to capture the nuances of personal experience, interpretative inquiry was chosen to produce a deeper understanding of participants' perspectives of being a developing counsellor who experiences anxiety.

Participants

Participants were selected from three Canadian universities offering graduate training in Counselling Psychology. These three target sites were Acadia University, Memorial University of Newfoundland, and the University of Alberta. The study used maximum variation sampling insofar as selected participants were at varying points in their graduate training across both master's and doctorate counselling programs. It was expected that such sampling would bring about a wealth of diverse and rich descriptions of the experience of counsellor anxiety. Also, in obtaining multiple accounts from different perspectives about the experience of counsellor anxiety, the researcher was able to identify commonalities across participants. Polkinghorne (2005) suggests that by using multiple participants, researchers are better able to "locate the core meaning of the experience by approaching it through different accounts" (p. 140). Polkinghorne noted

that this is a form of triangulation which allows for a deeper understanding of the phenomenon. User generalizability or "case-to-case transfer" as defined by Firestone (1993) suggests that the reader decides how applicable the results are to their own particular set of circumstances. With such variety, it was anticipated that there would be a likelihood that readers would find the results to be applicable to a greater range of situations.

Prior to traveling to Nova Scotia and Newfoundland, the researcher approached known contacts at Acadia University and Memorial University of Newfoundland. Each of the contacts received a copy of the "purpose and nature of the study" handout including relevant contact information (see appendix A: Purpose of the Study) via e-mail attachment. At the researcher's request, each campus contact circulated this handout to students within the respective counselling psychology departments. At the University of Alberta, the researcher circulated this handout to students in the counselling psychology department.

Twenty potential participants who were interested in being considered for the study contacted the researcher. The researcher then conducted a brief telephone discussion as to the purpose and nature of the study and ensured that selection criteria were satisfied. Specific selection criteria for the study included those students who had completed at least one supervised Master's level counselling practicum course working directly with actual clients, and were willing to share their experiences of anxiety in providing counselling services. Eight of those twenty interested individuals had not yet completed a counselling practicum course and were therefore not eligible. Two interested individuals who were eligible for participation were not interviewed due to scheduling

difficulties and time constraints. A purposive sampling method allowed for the selection of participants who could make a considerable contribution to the researcher's understanding of counsellor anxiety. A mutually agreed-upon time was then set for each of the interviews at that student's campus. Private interview rooms were provided by campus contacts for the researcher's use during the course of the interviews.

Ten selected participants were provided with a written description and purpose of the study (See Appendix A) as well as information regarding any potential risks and benefits of participation. The participants were informed that participation was voluntary and that they had the right to opt out of the research study at any time. Matters of confidentiality were discussed and pseudonyms were chosen to protect their identity and ensure confidentiality. Prior to beginning the interviews, participants were informed that they would be asked to participate in an initial semi-structured interview plus follow-up interviews if required for the purposes of clarification. The repeated and ongoing nature of this approach was intended to allow the participant additional opportunities to articulate, elaborate, and/or clarify their reported experience. Written informed consent was obtained from each participant and any initial concerns or questions were answered prior to commencing the initial interview. Following written consent, the recording devices were turned on and the interviews commenced.

Interview Procedure

Demographic information such as age, counselling experience, educational levels, theoretical orientation, and use of various self-care activities was collected following written consent and prior to beginning the initial interview.

Each participant was invited to reflect upon, and describe counselling related events or situations that had caused them to experience anxiety. As well, each participant was asked to reflect upon how they processed their anxiety in relation to those events and describe how they attempted to resolve their concerns.

The sources of "languaged data" (Polkinghorne, 2005) or participant accounts were obtained through face-to-face dyadic interviews conducted at each participant's respective campus during Spring and Summer, 2003. All interviews were recorded simultaneously on both standard audiocassettes as well as in a digital format. The duration of each initial interview varied from 1 ½ hours – 2 hours. Pseudonyms were used throughout interviews, and potentially identifying information was altered where necessary to protect participant's identity. Interviews were transcribed verbatim and subsequently analyzed. While it would have been preferable to conduct follow-up interviews face to face, follow-up contact was made via email correspondence. A semi-structured interview schedule (see appendix C: General Interview Guide) was used to help guide participants in their accounts of counsellor anxiety. Open-ended questions were used to provide participants with the opportunity to respond as they saw fit. Following their interview, each of the participants was given the opportunity to contact the researcher via email if they wished to add, elaborate or clarify their interview responses.

A condensed description of each of the final study participants has been included at the end of this chapter. The researcher's supervisory committee was not privy to auditory recordings so as not to be able to identify participants by their voices.

Participants were invited to review their own descriptive interview summaries to ensure accuracy as well as to provide clarification and elaboration. The use of such "member checks" was included in the current study to address validity in the qualitative research paradigm (Merriam, 2002). As such, at the time of the initial interviews contact information including telephone numbers and e-mail addresses were collected for each participant. Following interview transcription and thematic analysis, detailed interview summaries were sent to each participant via e-mail attachments with a request for feedback on the researcher's interpretation of their particular interview data. Participant feedback as well as corrections and omissions were incorporated into the interview summaries and subsequent thematic analysis.

Through the process of purposive selection, a total of nine interviews were included for thematic analysis. A tenth interview had been conducted but was discarded due to poor quality of participant responses. She was unable to articulate her experiences of anxiety and her responses were very minimal despite being asked open-ended questions. As such, the limited content of her interview did not provide any further insight into the experience of anxiety. Of the nine participants, six were female and three were male. The average age of female participants was 35.3 years; while the average age of male participants was 37.7 years. Two of the youngest participants were 26 years old, and the oldest was 51; the average age of the overall sample was 36.

Analysis of Languaged Data: Development of Common Themes

The goal of qualitative analysis is to concisely and accurately interpret data, look for significant patterns, and develop a coherent manner of describing the meaning of the experience (Patton, 1990). Following the transcription of the interviews, the researcher

immersed himself in the data by reading and re-reading the transcripts. The researcher then constructed paraphrased units for each section of the transcript, typically on a sentence-by-sentence basis, although not necessarily so. It was sometimes necessary to maintain the context of each statement by including paraphrases of the central idea of a paragraph. The units were compiled into conceptually similar themes and clustered hierarchically. This process yielded many themes and subthemes which were then further collapsed into fewer, yet increasingly comprehensive, main themes. This process was aided through the use of large Excel spreadsheets which identified each of the units across all participants. To manage this significant amount of information, hard copies of these spreadsheets were continually produced, updated, collated and hung on the researcher's office wall. Using this visual reference, specific comparisons were made between participants and units were more readily compiled and reduced to the main themes presented in the current document. Commonalities as well as differences among the participants were identified. Viewing the data in this manner also assisted in the writing process. The themes that emerged then formed a comprehensive description of the experience of anxiety in the form of a written synthesis. Conducting this procedure with each participant's account yielded a "within-person analysis" (Osborne, 1990). Next, a "between-persons analysis" occurred whereby the researcher searched for common themes amongst all transcripts of participants' accounts. By viewing and interpreting the final clusters, the underlying meaning of the participants' experience of anxiety was constructed and summarized.

Trustworthiness

One of the requirements in conducting sound qualitative research is ensuring that the researcher maintains an openness to what emerges from the data. Therefore it is important for the researcher to be aware of how personal experience may influence the interpretation of the participants' accounts. The internal validity of a qualitative study is reflective of the congruence of the study's results with reality (Merriam, 2002), but "... the understanding of reality is really the researcher's interpretation of participants' interpretations or understandings of their own experience of anxiety" (Merriam, 2002; p. 25). In the introduction to this dissertation, the researcher's position relative to the experience of counsellor anxiety was described to contextualize and increase awareness of how the researcher's own experiences could influence and shape his interpretation of the participants' experiences. One way that researcher awareness was enhanced throughout this research involved continual reflection and documentation of presuppositions specific to the topic under study. Many types of experiences of anxiety similar to those described by the participants were reflected upon throughout the process and brought into awareness. The process of reflection continued throughout the study as required through journaling and ongoing discussion with the researcher's thesis supervisor and peers.

Peer review and consultation occurred continuously throughout the research process. As well, the researcher's thesis supervisor and supervisory committee were consulted on various matters from the development of questions to be included in the semi-structured interview to reviewing segments of raw interview data and their fit with emerging themes.

Finally, an audit trail is a detailed account of how the study was conducted and data were analyzed (Merriam, 2002). This strategy was included so as to ensure that results make sense and are "consistent and dependable" given the data collected.

Ethical Considerations

Each participant was presented with an information sheet describing the purpose of the study followed by a "Consent to Participate" form (see Appendix B). It was made clear that participation in this study was strictly voluntary and that the participant had the right to refuse to answer any question, and/or withdraw from the study at any time. At that time, each participant's questions were answered and clarifications, where required, were made. Although a provision was made available for debriefing/counselling referrals following their participation in the study, none of the participants requested such a referral.

All identifying participant information gathered in this study has been kept confidential. Upon review of the completed transcripts, potentially identifying information was altered so as to protect participant confidentiality. Participants were assigned pseudonyms and referred to only by their pseudonyms throughout recorded interviews and transcript summaries. Participants were made aware that no actual client names or identifiable client information would be transcribed in order to protect client and participant confidentiality.

In the following chapter, summaries of participant interviews are presented in order to provide a reasonable context in which each participant's reflections on their own subjective experiences of anxiety can be explicitly described.

CHAPTER FOUR

PARTICIPANT INTERVIEW SUMMARIES

Nine research participants from three geographically diverse universities in Canada offering graduate training in Counselling Psychology participated in this study. A tenth interview was conducted but was not used given the poor quality of responses, and the fact that it did not contribute anything new or unique to the data. Six of the nine participants were in various stages of completion of their master's degree in counselling psychology and all participants were willing to share their anxious counselling experiences. Some had just completed their first year of studies while others were completing their master's theses. The remaining three participants were working on their doctorates in counselling psychology. At the time of the interviews, some master's level participants had conducted only five face-to-face counselling sessions while others had completed their internships and practica. As such, the participants represented a broad range of formal supervised counselling experiences. Prior to beginning graduate studies, all participants had engaged in various helping activities such as working on telephone crisis lines, in group homes, sexual assault centers, university centers or schools.

Six participants were female, while three were male, with ages ranging from the mid-twenties to the early fifties. The counsellors' theoretical orientations varied. Three of the counsellors identified themselves as 'eclectic' drawing on a range of theories and techniques from narrative, existential, brief solution focused, cognitive, family systems, and feminist approaches. Three of the counsellors identified themselves as 'integrative' including humanistic, client centered, cognitive behavioral, gestalt, and object relations orientations. One participant viewed herself as person centered; another as primarily

feminist; and the final participant viewed his counselling orientation as primarily cognitive.

In no particular order, the following summaries are presented to provide context for each participant's perspective on their experiences of counselling related anxiety.

George

George, in his late 40's, is currently completing his thesis for his master's degree. He described his theoretical orientation as primarily cognitive. He has had counselling experience in both secondary and post-secondary institutions. George indicated that he has been "fairly anxious" experiencing "low grade undercurrent anxiety" since grade 7 or 8. His lack of assertiveness has contributed to his general anxiety. George has a personal history of panic attacks, but did not believe that he has had a panic attack directly related to providing counselling.

George described a need to please others and a desire to be helpful to the client that was closely tied in with being a performance learner and his own perceived level of effectiveness as a counsellor.

> Performance learners have to do well, have to get A's to prove their worth all the time. ... So everything is a proof of your worth ... intellect. ... 'self-worth', 'self-esteem', [and] 'self-confidence.' They're all bound together.

As a counsellor, it was very important for George to perform well and feel as though he had accomplished his counselling objectives. One difficulty was that achieving these objectives was sometimes further complicated by George himself. For example, implementing and conducting an anger management group became a source of anxiety and a vehicle for potential disappointment in himself.

> You wouldn't believe the reading I did for that. ... I've got to come up with the best anger management program in the universe - not just any. I could have taken one out of a book and used it but not me. I've got to read every model in the universe, try to come up with my own.

George defined anxiety as "fear of an uncertain future" (which he attributed to Richard Lazarus) and has used synonyms such as 'feeling stressed,' 'awkward,' 'pressured,' 'difficulty,' 'unnerving,' and 'feeling uneasy' to describe this experience.

For George, evaluation by authority figures and in social situations tended to trigger anxiety responses. His reaction to some authority figures and supervisors has been one of intimidation and potential persecution. In live supervision George felt he had to "be on the job, and bright and alert and ask the right questions" which created anxiety. George reported that there were times when a supervisor would suggest one course of action with a particular client which was counter to his understanding of counselling, eliciting a lot of anxiety for George.

> If I feel any discrepancy, any inconsistency or incongruence between how I'm acting with the client and how a supervisor is directing me to act ... then I'm going to be very, very anxious.

Furthermore, this incongruence was complicated by George's eagerness to please the client and a struggle between his obligations to both the client and the setting where the counselling was taking place.

> There's a part of me that wants to keep helping the client but now I have an obligation to the organization to end this and that becomes very difficult and anxiety provoking.

George's counselling behaviour sometimes focused on the mechanics of counselling rather than the relationship with a client. He understood that the latter was important for successful outcomes, but in live supervision he often worried about the former.

> If I'm being watched then I've got to be mechanic. I've got to think, "What are the correct steps here?" Supervision puts you on your P's and Q's. It makes you think about 'How am I sitting? Am I too relaxed or am I in an alert posture? Am I leaning forward? What are my gestures? Am I listening? Oh better be careful not to give advice here! Better listen some more.' ... I'm aware of the need to observe and try to develop a relationship, but at the same time I'm very, very concerned about the mechanics.

Another important issue that he described was his strong desire to help the client and his measure of success and effectiveness as a counsellor. George felt there were instances where he was not sure if he could be of assistance for a particular issue or client, a feeling which was "closely coupled with a general elevation of arousal." After some sessions, George was not always sure if the client left with much that he/she could work with.

There have been some difficult clients who have created anxiety for George. He had not had much exposure to working with anorexic clients and he described his initial work as being "quite awkward knowing how to approach it or what to say or what resources to have in place and how to interact on some level with the client." He stated that he did some reading, but was still really unsure of how to proceed with a suspected anorexic client. A lot of George's anxiety in dealing with that client's issue was knowledge and experience-based, in that he lacked sufficient experience in order to feel comfortable. He described another experience where he was working with a student who had verbally threatened a guidance counsellor with violence. On one level George did experience some anxiety about possibly being threatened by the student, but was not overly anxious because his mindset was to approach the client in a supportive, non-judgmental, non-threatening manner and 'join' with the client. George walked in and

respectfully treated the client as an individual. The student did not threaten him with violence and George's anxiety was diminished using this approach.

George described his academic counselling work as more directive. He has had a lot of experience in providing academic counselling to students and reported experiencing comfort in this role. The purpose is clear: the client has a concern or question and the counsellor provides answers in response to those concerns. His approach to academic counselling is directive and action oriented. In contrast, he views personal counselling and his role as therapist differently, and switching between the two types of styles was in itself a source of anxiety.

George is clearly aware of his defined boundaries and maintains these boundaries as much as possible. When personal counselling matters are presented in the context of academic counselling, his first response is to refer that student to a counsellor with more expertise in personal counselling. He is aware of his limitations as a counsellor and knows when to refer elsewhere. This ethical course of action provides some insight into how he views divergent forms of the helping relationship - that is, personal versus academic counselling.

> The idea that I can just sit back and let quiet periods pervade the counselling session and wait and let the client do the work. ... Letting a vacuum be a vacuum where something might actually be happening for the client, and progress actually being made is something that I find anxiety provoking.

In another example, George related the following which further highlights his perspective on the role of counsellor.

> I find one of the most fascinating things about counselling is when you sit down with a client to immediately say to yourself, "What in my best judgment is in the client's best interest?" and making sure that I do no harm.

George has been diligent in maintaining an ethical stance in his interactions with clients. It was anxiety provoking at times when he completed a practicum in a school setting where he felt that ethical principles such as client confidentiality in the truest sense were being violated. He noted that client boundaries were not always respected by those in a client's life – from school counsellors to principals to parents to social workers to legal system representatives. Within the school's organizational structure came a working set of rules which were often at odds with his understanding of ethical counselling practice. George noted he remained clear as to appropriate and ethical guidelines, but was frustrated by "having to play the current game" in the school setting.

George described an internal experience of anxiety that was not as noticeable to others as it was to himself, and that he was able to "keep a lid on it." This internal experience included both thoughts and physical sensations. During anxious moments, George noted that he sometimes spoke in a rambling fashion in order to fill space and "vacuums of silence" in the session. He then became aware of his excessive speech and began thinking about the benefit to the client when he was doing 'more talking.' He became anxious thinking about whether he was communicating clearly, or whether he was "totally overwhelming the client with words."

George identified four broad areas in which he deals with his anxiety. This included: increasing awareness; developing a plan of action; changing negative thoughts to positive ones; and being kind to himself. For George, there has always been a "low grade undercurrent anxiety" although he is not always aware of it. He termed it "Insipient Anxiety" and he continues to give himself daily reminders to pay attention to it.

> Most of my anxiety is controlled to a point of [my] being hardly aware that it's there but it's still there.... Granted, there's lots of times when you

> get really anxious, but for me it's a low grade undercurrent anxiety. ... I've got to learn to see, recognize that it's there - almost below awareness. But it's readily activated. All I need is a trigger in my environment and I'm anxious. ... Trying to identify that has been really useful to me.

By increasing awareness and identifying specific instances of worry or rumination, George was in a better position to process these thoughts in a more positive way and de-escalate current perceptions. He added that he deliberately starts to work on it by "either relaxing or getting away from it ... kind of like shutting it out for a few minutes." George instructs himself to deal with it later, or try to find a way to try to de-emphasize it. George also monitors his breathing and areas of stress in his body. He reported trying to move the stress down to his diaphragm and breathe more slowly and evenly.

As observed in George's interactions with his clients, he tended to be very mindful of planning, preparation and action oriented. When George became anxious he realized that he needed to develop a plan of action which involved preparing himself for the next challenge, which meant intensive study and research. George read, philosophized, and contextualized his experience in an attempt to understand his anxiety process. He observed that his anxiety may involve goal-related tasks requiring creative insight. In planning for action, George maintained a 'to-do' list which helped him to remain calm while preparing for the next task at hand.

In describing how he altered his thought process, George discussed the concept of ironic processing. In much the same way that he applied this line of thinking to his own personal feelings of anxiety, he shared this approach with anxious clients. Another way he dealt with his anxiety was through reframing anxiety as one of many challenges in his life to overcome. It was his task to discover ways to overcome these difficulties. Also,

acknowledging that everyone has problems at different times in their lives seemed to be helpful.

George recently noticed that he was enjoying life and becoming more physically active – an aspect of his life that he had not always emphasized. He observed an increase in valuing self, and making a connection with nature and physical activity that he described as enjoyable and self-affirming.

George identified that self-care was important particularly given his anxious tendencies. He defined self-care as "taking care of your mental health and your physical health." One important aspect of his self-care was to accept the fact that he is anxiety prone and realize that he could use stress and anxiety management strategies to deal with it.

> I don't fight it. I accept it but I try to appreciate that as part of me and gain a deeper appreciation of who I am as a consequence.

George used a number of daily motivational phrases and ideas such as "Be physically strong and you will be" to adjust his mindset and reduce his overall anxiety. He described a number of similar phrases which amounted to strategies he would use for different situations. Taking breaks and having periods of quietness, meditation, and relaxation also offered opportunities for valuing himself and focusing on self-care.

When faced with the question as to how he may help a colleague who had just experienced an anxiety provoking counselling situation, George recommended many of the strategies that he used to address his own anxieties. He also provided some additional methods such as rehearsal, imagery, and systematic desensitization. He described a need to engage the colleague in "true counselling fashion" to help him/her discover the

underlying nature of their anxiety reaction. At the same time, however, he acknowledged the temptation to slip into a didactic instructional mode.

George's observation that the experience of anxiety may be a part of the counsellor developmental process led to a discussion of the benefits of normalizing anxious experiences for developing counsellors, particularly early in the process. George indicated that while there would be challenges that could create anxiety, the process of working through and learning from these challenges is that of a personal journey.

> I think normalization on one level insofar as the road isn't easy for a great many people, probably for virtually a whole lot of new counsellors. They have their trials and tribulations and their challenges with anxiety. ...Seeing it as a fairly normal thing takes a lot of the anxiety away. It helps conceptualize the anxiety and realize that they are not abnormal, and what they are doing isn't unusual, weird, strange, excessive or proof that they shouldn't be a counsellor. So I think normalizing it in that respect is really important and useful. ... You have to realize it as an invitation to learn. When you see it that way it becomes a more wholesome thing. It's 'I can't do this' or 'I always fool up with the client' or 'I speak too soon' or 'I do the wrong thing all the time'. ... That's not abnormal, that's normal ... but, nonetheless, the way you learn anything is through being stuck. You're stuck? Wonderful.

Molly

Molly, in her early 50's, has undergraduate degrees in Psychology and Education, and recently completed her second year of graduate studies in Counselling Psychology. She described her theoretical orientation as "integrational" with an emphasis on cognitive behavioural, gestalt, existential, and object-relations theories of counselling. Molly has had experiences in settings such as Student Counselling Services, private practice, a hospital, and public health agency. Having also once been a client herself, she was aware of what was helpful for her. She displayed an enthusiasm for understanding how the

practical and theoretical components of counselling fit together to best serve the needs of her own clients as well as an appreciation for the mechanism of therapeutic change.

Molly viewed herself as a fairly anxious individual who purposefully monitors her anxiety. In general, anxiety has helped her to stay focused and aware of what is going on around her, but she also believed that there is a point at which anxiety becomes debilitating and disruptive in carrying out tasks. At this early point in Molly's development as a counsellor, she has had at least five sessions with five different people and prior to each session she experienced significant anticipatory anxiety.

Molly described her role as a counsellor as someone who helps the client remove blocks impeding growth and she viewed the client as the expert on his or her life. Her role has several functions: to establish a safe physical, mental, and emotional place to explore emotions and to provide different perspectives and clarification from the perspective of a non-judgmental observer. As an objective observer, Molly noted that she may be better able to make connections that the client may not be making. Through the use of exercises and experiments she helps the client arrive at previously unconsidered options.

Molly has experienced anxiety and 'being stuck' after realizing that she would not be able to meet the expectations of some clients. For example, she described one client who was asking to be told how to resolve her presenting relationship issue. Molly recalled that she made several tentative suggestions which were quickly dismissed by the client. Feeling helpless, she began thinking negatively about her role.

> That bothered me and I thought … 'Look I'm not in the right place. I really shouldn't be doing this. If I were any good I would be able to handle this properly.' … The anxiety started to creep up there again in that session.

As a new counsellor learning the micro skills of counselling, Molly tried to apply a structured model of helping in a somewhat rigid fashion which proved to be anxiety provoking for her. In one incident, Molly was being videotaped for evaluation by her classmates and professors which reportedly created some performance anxiety.

> Yet the voice kept coming to me, 'Hang on a second, no this isn't the helper model you're supposed to be doing. I was aware of the fact that I was being videotaped and I was going to be assessed by my professor and my classmates. That caused me a bit of anxiety.

Like many novice counsellors trying to deal with ambiguity in counselling, Molly searched for methods and specific interventions to lessen her anxiety. She experienced frustration in not having the best answers for clients, nor having had years of experience to draw upon when a helping strategy failed to meet a client's needs. Molly's belief was that the answers were to be found in books covering "all the possibilities" and that clients could be helped by fitting them into theoretical categories.

One source of anxiety concerned self-disclosure and how much, if any, was appropriate. She was aware that self-disclosure could be helpful as long it was not just serving her own interests such that therapy became focused on the counsellor. But still she grappled with knowing when it would be most helpful. Molly discussed one client whose personal story evoked similar feelings within her.

> I remember struggling with listening to her talk about this particular situation and it reminded me very much of a situation of my own that I'd been in. I was just feeling really unsure about whether to self-disclose. I was caught between just trying to listen and thinking 'what do I do here?' Part of me says, 'Oh, just listen to people. People know what they need to do, just listen to them.' And yet the other part of me says, 'Oh this is what you need to do. ... It's all this sort of chatter going on and it gets in the way of just being present for the person.

Molly felt conflicted as to whether or not to take a more directive approach and provide her clients with solutions that she had discovered based on her own experience. This difficulty stemmed back to self-doubt about her competency as a counsellor as to whether she was doing or saying the 'right things.'

> There's no trust in my own intuition as to what's the right thing to do here. That causes a lot of anxiety for me when I don't know what I'm supposed to be doing. ... Things have to be laid out for me.

In another counselling situation, Molly described having difficulty in knowing how to get clients to open up and talk about their problems. She seemed to diminish her counselling skills and described herself as an 'impostor.'

> I remember thinking if I can't even handle these simple things, if I can't get people to talk, then how am I going to handle the big stuff ... such as suicide and depression? Those are probably the two big ones. ... I just felt like I was out of my depth; like I was an impostor.

When Molly began thinking negatively, her anxiety escalated, and she became overly self-critical. She then would make statements to the effect that she was incompetent and essentially a fake.

> I think, 'They've let me into this program and they're going to teach me stuff but oh there's no way that I'm actually going to be any good at this. I mean sooner or later somebody's going to find out I'm just bullshitting. I can talk the theory. ... I can tell you what's in the books and write good papers but when push comes to shove and I actually have to sit down with a client ... it's going to be like wall paper. That's me. You peel it off and it's gone - like I'm not a real counsellor.'

Molly was convinced that she was not a 'real counsellor' because she perceived herself as lacking certain skills. She identified a 'real counsellor' as someone who knew how and when to empathize, confront or challenge a client's beliefs, attend to the client in a present and focused manner, and when to make suggestions for change.

> I can listen and focus but God help me if they ask me, 'Well what should I do?' ... A real counsellor knows what to do in those kinds of situations and I sure as heck don't.

Molly felt most anxious about her counselling competency when she wondered how she would work with clients presenting with difficult issues such as depression or suicidal ideation. With the suicidal client, she was afraid that she would not be able to do enough to save them from killing themselves.

Molly's psychological and physiological experience of anxiety was primarily anticipatory in nature. In preparation for her sessions, Molly typically rehearsed possible counselling scenarios. She had difficulty falling asleep as well as waking up in the night thinking about upcoming sessions. Molly engaged in a lot of negative self-talk such as, "I can't go through with this. I can't do this. I'm crazy. This is nuts. Why am I putting myself through this? This is awful. Why am I doing this? I'm no good at this." She described having headaches and physical tension in her body and breathing shallowly. She felt wound up, agitated, and rushed. She observed that she would eat more often when feeling anxious and stressed. Yet at other times she became so anxious that she could not eat anything at all at which point Molly's system "tended to shut down." As Molly continued to engage in negative self-talk, her anxiety worsened. Attempts to 'talk back' to her inner negative thoughts were a real struggle for her. However, as Molly worked with new clients she was relieved to notice less and less anticipatory anxiety.

In her search for confirmation as a developing counsellor, Molly reviewed videotapes of her sessions and was able to generate some positive self-feedback. However, she revealed she needed more external feedback to confirm her competency and that she belonged in the program. Some of this external feedback came from peers.

Molly felt that it was helpful to discuss her experiences as a beginning counsellor with fellow students. She also journalled about her experiences on a daily basis and found this even more helpful than consulting with peers.

Molly's conceptualization of self-care starts with an awareness of anxiety and the realization that action of some kind is required. Self-care activities were various and included physical activities, reading for leisure, and watching television. The setting in which she chose for self-care activities inspired a sense of spirituality.

> I walk down to where a lake joins a little pond and I call that my 'church' because when I'm there it's just really peaceful. I have a special rock that I like to sit on. I meditate and just sit looking at the water and try to let my mind go. Yet at the same time also trying to think about what my purpose is, and ... listen to the voice within. I try to quiet all the mental chatter and just listen within, to see if there's a small still voice that speaks.

Molly felt that she was able to get a better sense of what was really happening for her when she took the time to step back from counselling. Achieving "distance" from the source of anxiety provided Molly with a sense of clarity and direction as to what she needed to do in order to resolve the issue.

> The first step is to become aware that I'm feeling anxious and that being anxious isn't productive. ... A little bit of anxiety is a good thing but this level of anxiety is not. I've got to do something about this, and that is the hardest step because once I have cognitive awareness of, 'look we've got a problem here, we've got to fix it' I can then usually find a way to deal with it.

When asked how she might assist an anxious colleague, Molly quickly responded that she would walk with them in an effort to physically calm them. She would then attempt to find out what about the situation was anxiety provoking for them and what it meant to them. Upon further discussion, Molly was presented with a hypothetical situation in which a suicidal client had just left her colleague's office. She considered this

scenario, she immediately described experiencing "knots" in her stomach. She described her thoughts in a manner which revealed her true beliefs about what a counsellor should be.

> 'I can't help you here.' That's what I'd say. 'I'm the wrong person to talk to because you have every right to be anxious. I'd be just as anxious as you!' But part of me sort of says, 'Yeah, but I'm not a real counsellor.' It's this impostor thing. You see, real counsellors don't get anxious. Real counsellors have it all together. Counsellors shouldn't have any problems in their life. I mean they will have problems but they're able to solve all the problems that they have because they are the expert on human relations and they know how to fix things. I mean you don't take your car to a mechanic who's got a car that doesn't work. You take your car to a mechanic that has a really well functioning car. So that's my belief system. ... It's funny because it's something that I've been challenged on before and yet it's not something I'm ready to give up yet.

It was interesting that Molly had difficulty letting go of the 'counsellor as expert' idea despite her earlier conceptualization of the counsellor's role as 'facilitator of change.' As a counsellor, Molly believed that she must be able to fix her clients. This caused great anxiety especially for those clients whose issues did not have an easily identifiable answer. Several months following our interview, Molly e-mailed the researcher and reported that she was still stuck in the same dilemma (i.e., counsellor as facilitator versus expert), although she was beginning to shift her position somewhat.

> I am now more convinced that giving them the answer is not helpful or feasible most of the time. It is too easy to get caught in a game of 'why don't you... yes, but...' Maybe a few suggestions might be helpful, but really the answer has to be developed by them with my help. Teach them how to fish, how to find their own answers perhaps.

Molly described the first week of her internship as "sheer agony" but as she became friends with the other interns, she began to realize that her apprehension was normal. In addition, she received some basic pointers on pacing within the session and some standard questions to ask. It was at this point that her anxiety started to subside

although it never totally went away. She was still apprehensive every time she had a new client.

Finally, Molly found that attending a suicide intervention workshop, and discussing counselling situations with fellow interns/students was helpful in dealing with anxiety. In small groups Molly and her peers watched counselling videos, discussed articles, and challenged each other's perspectives in a respectful and non-judgmental manner.

Judy

Judy, in her mid to late 20's, had just completed her first year in a Masters program in Counselling Psychology. Coming from a person centered theoretical orientation, she has worked with student counselling services, at a community centre, and at a group home for mentally delayed individuals.

Judy suggested that others viewed her as confident and calm. However, she worried about a lot of things and noted that "there's a lot that goes on beneath the surface that others do not see." Like Molly, she was concerned about not having had much counselling experience and whether additional supervision and support would be available later during her career. At a recent practicum placement, Judy received excellent supervision and support when she was not sure what to do. She initially felt unprepared to begin counselling and felt that she had been "thrust" into the role of counsellor prematurely. In the summer months leading up to her practicum, she had completed courses in counselling theory and basic counselling skills. Role-playing counselling scenarios with classmates were part of the course, and Judy recalled feeling overwhelmed and frustrated at times in trying to apply these counselling skills.

> I had all these things in my mind that you're supposed to do, so I didn't feel comfortable being myself. I felt like, 'Oh gosh! I'm supposed to be clarifying. Oh shoot! Oh shoot! Was I empathetic enough there? Was I too empathetic? Are we setting goals? ... I wasn't very comfortable just being with people.

Later during her practicum, Judy continued to doubt her counselling skills and was unsure of her counselling role. Throughout the academic year she was exposed to counselling theory and skills training, processed the information and realized that many of the new skills were similar to those skills she had before she began graduate school. Judy's understanding of the counsellor's role was a gradual process. For a long time, she tried to determine what impact, if any she was having on her clients and exactly what her role was as a counsellor. Judy considered the counsellor's role to involve "accompanying clients", listening and urging the clients to discover inconsistencies between what they wanted to achieve and what they were actually doing. She believed change did not often happen quickly or dramatically but that by altering the client's thinking just slightly, there was a possibility of great change later.

There were times during her first year when she felt overwhelmed by academic demands. She felt physically and emotionally drained when she combined coursework, thesis research, and counselling clients.

> I would just want to run screaming. I didn't feel like I could handle that. By the end of the day I could hardly walk home, but I had another paper to write. I thought, 'how on earth could I ever handle full time counselling if all I'm doing is writing papers and being exhausted by four clients?'

In her particular internship setting, most clients attended only one or two sessions. As such, she felt rushed to have a helpful impact as quickly as possible, but the pressure of using a brief solution focused approach created anxiety for her. She became tired when faced with meeting new clients, building rapport, and assisting in creating solutions.

Furthermore she became frustrated with attempting to establish a counselling relationship with clients who typically did not return for additional sessions. Judy also found it difficult to work with clients who shared anxieties similar to her own. For example, Judy would become anxious when students sought counselling for help with managing academic stressors.

Judy's earliest counselling experiences involved clients diagnosed with Borderline Personality Disorder. Her first session with her first client was particularly anxiety provoking. Her client "grilled her" about her theoretical orientation and philosophy, and what she was going to do to fix her problems. Following this initial session, the client "fired" her. She felt shocked and was at a loss as to what she could have done in this situation.

> I thought, 'Oh my gosh! ... What's she doing? Who is this woman?' I didn't know if she was for real. I thought, 'Is every client going to be this nutty? What is this? This is bizarre! I can't handle this. This is too stressful.' I just shut down basically. ... I didn't have a response to, 'I'm suicidal.' She laid all these issues out one after the other and I just didn't know what to do. ... I just felt paralysed. ... I couldn't really talk to her... think or react. I felt like a deer in the headlights.

In addition to feeling overwhelmed, Judy became very defensive and angry because she perceived her client had attacked and manipulated her. It was particularly challenging and anxiety provoking for Judy when another personality disordered client began expressing suicidal ideation, and later started making suicide attempts. Judy was quite alarmed and was not sure how to handle this situation. She immediately consulted her supervisor who, being aware of the client's psychiatric diagnosis, advised her how to proceed but in a manner that might have implied that this type of client enjoyed playing games, was manipulative and not to be taken seriously. Consultation with her supervisor

helped lessen her anxiety. However, she remained apprehensive because she wanted to meet the client's safety needs and negotiate the numerous difficulties that the client regularly presented with.

> I could feel the tension in my neck. I was really tensed up. My heart and mind was going [so fast]. ... Thoughts were constantly spinning in my head. What can I do? What should I do? What am I going to do? ... But what if she was serious? [When working with] someone with a personality disorder ... you don't know if they're serious and that she wouldn't die and it wouldn't be my fault.

Following this experience Judy felt confused and incompetent as a helper. She also believed her coworkers thought she was incompetent although she knew that other counsellors had worked with this client in the past and were not able to help. Judy's thoughts and anxiety about this client continued after she stopped seeing her. She found herself wondering, "What would have worked for this client? Did I mess up? Was there a right way?" Judy was left feeling insecure about her counselling skills.

Judy reported that her first two experiences with suicidal clients desensitized her to client cries for help so much so that she was taken quite aback when one of her depressed clients she had seen for three sessions made a near fatal suicide attempt. Judy thought that the client was coping and doing well. She had no idea that her client was suicidal at all. Judy was quite anxious and began thinking about what if her client had actually died and how she could have prevented it. In processing this information, Judy reflected that although she could not have fully known that her client was suicidal, she still thought that she should have been able to see the warning signs. Judy felt angry, incompetent, and frustrated that she was not able to effectively help her client. Judy had not yet had a chance to speak with her supervisor before seeing the client again to figure

out an effective plan of action as to how to talk about the suicide attempt and what she could do to help prevent another attempt. Judy felt scared and helpless.

> It was really scary. I thought, 'Nothing has changed for her. She's going to leave my office ... and she could go home tonight and do it again and be successful. Then it would really be my fault.'

Judy rated her anxiety as being "maybe an eleven (out of ten)!" because she was not completely sure that her client would not kill herself that night. She then consulted her supervisor after the follow-up session. Judy was cognizant of potential suicide risk factors and felt "reasonably good about letting her go" without further intervention and seeing her the following week. Judy indicated that, although she felt relieved to later see her client alive and walking in the community, her anxiety was still pretty high. These early experiences had a major impact on Judy in terms of broadening her awareness of her clients' degree of hopelessness and her own anxiety in working with suicidal clients.

Another anxiety provoking situation presented itself when clients demanded Judy to provide a solution to resolve their issues. In these situations, Judy felt forced into taking on more responsibility for change than the client was willing to accept. It was particularly anxiety provoking when there were no easily identifiable solutions, yet the client's expectation of her as a counsellor still loomed large. In trying to meet this expectation, Judy searched through her counselling knowledge and as a beginning counsellor found that she would come up short. At times, this left Judy feeling anxious as well as incompetent as a helper.

Her experience of anxiety included feelings of both emotional and spiritual fatigue. Judy noted that there were times when she would "just go home and feel like I had nothing left, really." She described having negative thoughts about counselling and

life in general which in turn affected her mood. She recalled regularly trying to counter these negative thoughts with more realistic and positive ones.

Judy also realized that she was feeling anxious when intrusive thoughts about a counselling session entered her mind outside of session. She wondered about sessions that did not go the way she wanted them to, or if the client had walked away from the session without getting what they needed. She ruminated about becoming stuck with some clients and was unsure how she would proceed. There were times when Judy would withdraw from others because she was left feeling "down" and despondent. In times of prolonged anxiety and stress, Judy noticed tension in her stomach and shoulders which often resulted in tension headaches which were difficult to get rid of.

In dealing with her anxiety, Judy began using positive self statements and time management techniques. She made sure that she had allotted enough time to tend to her schedule and ensure that it was realistic. One aspect of her positive self talk involved reminding herself to breathe and relax. She also reassured herself that some of her worrisome thoughts were irrational, and she would then challenge these irrational thoughts and consider more rational ones.

Consultation with others either through supervision, with colleagues or someone in her personal life outside of the mental health profession was helpful. When Judy had felt like a "deer in the headlights" she consulted with her supervisor. Her supervisor described the nature of Borderline Personality Disorder to Judy and suggested that she not take the client's critical comments personally. Judy noted that this was reassuring and that she was able to develop a "thicker skin" as she worked with two more "borderline"

clients. Unfortunately, Judy noted that her "thicker skin" had become more of a blindfold and that she was unable to see or appreciate other clients' true suicidal ideation.

Self-care, defined by Judy as "looking after one's physical, emotional and spiritual well-being," was very helpful in coping with her anxiety. Often engaging in self-care activities was a response to feeling "out of balance" where she did not feel well physically or emotionally. Judy's self-care included getting adequate rest and participating in enjoyable activities that gave her energy or allowed her to be creative (i.e., playing a musical instrument or cooking). Seeking solitude and spending time alone was also important to Judy to take care of her own emotional and spiritual needs. During periods of solitude and relaxation, Judy did not always try to think about a particular counselling session, but would sometimes reflect on her role as counsellor and how she felt about herself as a counsellor and a person. At other times, she tried to "switch off her thoughts and just relax for a while." Afterwards, she was better able to connect with others who listened to her concerns. Spiritually, Judy reported that "getting outside, finding time in prayer and reading" reminded her that "life is beautiful" and "not all about problems." In this sense, Judy was better able to regain a sense of hope for both herself and her clients.

When asked how she might help an anxious colleague, Judy suggested that she would use a rational and cognitive approach. Judy would help determine whether her colleague's anxiety was rational or irrational and assist them in "getting rid of" the irrational components through reassurance, problem solving, and re-evaluation of the specific event.

Sam

Sam, in her mid 40's, had just completed the second year of her master's program. Her theoretical orientation was identified as primarily feminist, and she had counselled students at a postsecondary institution as well as clients at a sexual assault centre.

Although Sam did not generally view herself as an anxious person, she admitted that she became anxious in regards to graduate school and counsellor training. Initially, Sam thought that she could leave her worries about her client in the counselling room and not allow these concerns to have an impact on her outside of counselling sessions. However, during the first several weeks of her counselling practicum, she often brought home worries about her clients. She noticed that she was dreaming about her clients and was worried about how well they were coping. Sam also knew that she was worried for her clients when she noticed increased perspiration and heart rate. Later she learned to reduce her anxiety by consciously "compartmentalizing" counselling sessions, and closing them before leaving the work setting each day.

Sam gained an appreciation of the counselling process having once received counselling services herself as a client. The process of being a client in therapy was considered to be an advantage for the novice counsellor in terms of better understanding the role of the participants. According to Sam, the counsellor's primary role is to be fully present with the client and establish a "counsellor-client energy exchange" or therapeutic relationship. In the context of the counselling process, the counsellor is afforded the privilege of accompanying clients on "their journey while they do their personal work." She noted that it was the relationship which produced positive outcomes more so than

anything specific the counsellor did in order to 'fix' the client in some way. Furthermore, "fixing clients" was not congruent with her philosophy of counselling or her values.

Feelings of anxiety and stress occurred when working with clients who presented with multiple issues such as alcohol and/or substance abuse, self-injurious behaviour, and had histories of physical and/or sexual abuse. Further, counsellor anxiety was elicited when clients were ambivalent as to their commitment to change yet held the expectation that the counsellor was wholly responsible for change.

> It feels like they come because they're acknowledging that they're in pain and they want to change but do they really want to change? I don't know, but they know they're in pain and they want it to be fixed, and yet they're not willing to change their behaviours. So that creates some anxiety [for me] because they're expecting me to do something I'm not [going to do], except listen.

This example highlights Sam's need for clarity at the onset of counselling with respect to client and therapist roles, realistic therapeutic expectations as well as an accurate assessment of the client's readiness to change.

Sam's first practicum client was a male adolescent who was threatening suicide. He was not a willing participant but attended counselling to appease his parents. Most of Sam's initial anxiety was related to feelings of incompetence and being uncertain of what she needed to do or say to best help her client. Upon reflection, she rated her anxiety level as quite high and she experienced feelings of "conscious incompetence."

Being unsure of how to proceed, Sam tried a strategy that her supervisor later informed her was not effective. Sam recalled that the feedback received during supervision was almost as anxiety provoking as her uncertainty in dealing with the client's suicidal ideation in the first place. Supervision and constructive criticism has not always been easily received. For example, when given feedback and suggestions to better

rephrase a probing question, Sam reacted with hurt feelings and anxiety about her counselling skills. Sam "worked through" these suggestions for improvement and at the same time learned that when consulting with several different supervisors, many perspectives may be offered as to what might work best. Also, she learned that she was responsible for figuring out what would work best for the client in different situations. It is important to note that she perceived subsequent supervisor consultations as being more supportive.

Another source of anxiety related to the supervisory relationship, occurred when there was a mismatch between Sam's sense of values and those of her supervisor. Due to this incongruity, Sam felt that she was unable to obtain the support or connection that she required from her supervisor, above and beyond the minimal input necessary to help her clients. This created anxiety for Sam because she wanted more guidance and acceptance. Her experience taught her that the counsellor's personal background and values can impact the quality of the supervisory relationship and the level of support received.

Sam struggled with the decision of whether or not to disclose relevant personal history to clients who were facing similar issues. She acknowledged that her disclosure was not directly related to the main reason for referral, but she also believed that by choosing not to self-disclose she was being disingenuous with the client. For Sam, feeling as though she was not being genuine with a client was a major source of anxiety and discomfort. Working at the sexual assault center was "exhausting and overwhelming" at times because of the magnitude of the issues that were being presented. There were many clients whose stories were variations on a similar theme that needed Sam's attention, time, and energy. Sam became tired easily and was not engaging in self-care at that time.

She felt she needed a change in order to help reduce her anxiety. She was "racing in her mind about it, could not let it go and did not have the self-care stuff in place."

Sam prepared for counselling sessions by reviewing file notes, considered how the session may unfold, possible outcomes, and entered a state of readiness for each session. When a client did not show up for their appointment, Sam sometimes felt let down and then needed to "de-stress." Sam realized that she was feeling anxious about no-shows when she found it difficult to 'switch off' her thoughts about it. Sam would have preferred a longer period of time to "de-stress" or switch gears when engaging in hour long intense sessions with clients scheduled back-to-back. The short break between sessions created difficulties. During that time she would try to write brief notes about what happened in the previous session, but barely had time to do so and prepare for the next session. Early in Sam's practicum experience, she interpreted a client's no-show as reflective of her lack of skills and competence. Her thinking shifted later in the practicum to consider other factors for a client's no-show such as the client's motivation level, commitment, readiness for change and other factors beyond the client's control.

Sam wanted to be aware of when session content started to be disruptive in her personal life. Following sessions, she engaged in the process of critical self evaluation by setting aside time to write about her experience and think about future sessions. Processing her feelings and experiences in an honest and straight forward manner was helpful in "letting go of the session." Dealing with reactions and emotions through different expressive media was critical to Sam. She often engaged in journaling, painting, and other artistic forms of expression to fully process and "release" her emotional reactions. When defining self-care, Sam described the importance of a proper diet,

meditation, spending time in solitude re-energizing, physical activity and making a connection with nature.

> It's about being in the moment in connection with nature. ... Receiving that energy is what gives me strength and centeredness in the counselling session. I bring those self-care experiences with me that provide me with strength when I'm counselling.

When asked how to assist an anxious colleague, Sam indicated that she would ask many questions about how they were processing their anxiety. She noted that she wanted the colleague to feel safe, comfortable and most importantly, empowered by whatever strategy they chose to deal with the anxiety. Sam's approach would be to encourage the colleague to generate ideas and not be prescriptive, but supportive in their choices.

> I wouldn't recommend anything specifically. I would only encourage stuff that she generated on her own. With some people I think it's not good to tell them what to do because then I'm not empowering them. That fits into my feminist approach.

Amber

Amber, in her late 30's, has a teaching background in Special Education and recently completed coursework towards her master's degree. She indicated that her theoretical orientation was primarily eclectic, with an interest in family systems and feminist approaches. Her counselling experiences have been within school settings.

Amber's need to help others is an integral part of who she is. Amber wishes to "make everything all right" for her clients and to help them "...out of situations to make their lives better." While attempting to be as compassionate and empathetic as possible in counselling, Amber "takes on" her clients' worries, concerns, hurts and fears. As a result, she sometimes found herself in difficult situations where there was a temptation to

change her role from counsellor to surrogate caregiver/parent. Following those situations, she was filled with self-doubt and questioned her competency as a counsellor.

One aspect of Amber's developmental process highlights the difficulty to develop and maintain a consistent professional role. Amber viewed herself as being able to connect well with young clients who sought counselling. She attempted to develop therapeutic relationships that were both empathic and helpful; however, there were some occasions where she has tried to 'help' too much. Amber described a need to be liked by people and found it difficult to say "no" to others, perhaps at the risk of possibly offending somebody.

When Amber began graduate studies in counselling, she felt that she had to be able to help everybody and provide answers and "solid advice" to her clients. Amber became anxious about not having the "right" answer to solve her client's problems. In session with clients, Amber found herself sitting in silence and feeling ineffective "just listening" when the answer was not readily available to her. Conflict and "stormy confrontations" were areas of discomfort for Amber. When an appropriate challenging statement was called for but had the potential to upset the client or make them angry or anxious, Amber would prefer not to make it. If she did, she would be anxious and concerned that the client might not like her.

Amber described her counselling role as similar to that of a teacher or a coach. She focused on teaching strategies and skills the client needed to learn to become more productive in their lives. She often used solution focused approaches and sometimes struggled about whether or not she should try to solve the client's problems. She worked hard in every session and worried that the client might not be progressing or getting what

they needed from counselling. Amber blamed herself for this perceived lack of progress even when she was doing much more work than the clients themselves were doing to attempt change. These clients were concerning for her primarily due to her strong need to be helpful despite their unwillingness to receive that help.

Amber's style of counselling involved facilitating constant verbal communication. Silence was therefore difficult for Amber to deal with because she interpreted it to mean that there was little progress occurring and that the client would think she was incompetent. In session, Amber tracked her internal thinking process and often became anxious while searching for "something valuable" to say other than being merely repetitive. Amber attended a lecture where the topic of silence in counselling was discussed. She recalled a suggestion to allow the silence to lead the session where it needed to go, and that perhaps the client would be the one to lead the session. In supervision she was also advised that it was not necessarily helpful for her to fill the time constantly. She noted that she was attempting to become more comfortable with silence and understand that it may have a purpose in the counselling process. Still, it remained difficult and awkward for her.

Perhaps one of the most noteworthy aspects of Amber's interactions with clients was her focus and attention to personal and professional boundaries. She described a client who was not respectful of her boundaries and she was concerned that the client would make unsolicited contact outside of counselling sessions either through unwanted phone calls or email messages. Further, Amber seemed to be concerned that a client might allege that something other than counselling was occurring in the session. Amber realized one of her adolescent male clients had developed a crush on her, and she was

concerned about the best way to make him understand that she was there to counsel and guide him only, and that no romantic involvement could ever arise from the counselling relationship. She noted that she had developed excellent therapeutic rapport but at the same time, was still concerned about his feelings and also the fact that she was working with him one-on-one behind a closed door. Our interview for this study took place over two days during which Amber reflected upon an appropriate course of action. She decided that she needed to increase her awareness of his feelings towards her and further clarify the nature of her role in consultation with the guidance counsellor.

Amber's experience of anxiety included the physical sensations of becoming "warm, sweaty, and fidgety." In counselling sessions where she felt comfortable, Amber spoke very quickly. On the other hand, when she was anxiously trying to figure out what to say next; or perceived that the session was not going well; or she was not being as helpful as she would have liked to be, her speech tended to slow down. There were instances when she struggled searching for answers, instead at times drawing blanks with little to say. At times, she was so internally focused that she sometimes questioned whether she was listening carefully enough to the client or had missed out on some critical piece of information. Amber became anxious while trying to appear attentive to the client and careful not to ask questions that might have just been answered.

Amber reflected on how helpful each session was and thought of ways she could improve the next session. However, these thoughts sometimes became worrisome while trying to sleep at night. She wondered if she had said the right thing, talked too much, or whether the client felt there was any value in what was discussed. Clearly, anxiety related to her performance as a counsellor was having an impact on other aspects of her life.

Amber defined self-care as taking care of her mental, physical, and spiritual well-being by ensuring that she is healthy and managing her stress and anxieties. Putting all her energy into helping others was beginning to interfere with her own well being, and she confessed that she had been considering self-care over the past year. She realized that self-care was critical to her ability to function as a helper, but this sometimes meant putting herself first which was not easy for her to do. She commented that "there has always been this need to make other people's lives better more so than my own." She felt that she was gradually learning to take care of her own needs.

Amber expressed that counsellors-in-training do not always recognize the stresses and anxieties that occur as a result of working with clients, and that self-care is often overlooked to the counsellor's personal and professional detriment. She suggested that one way to change this was to acknowledge that there were going to be stresses and be open to seeking help and assistance when necessary.

By connecting with other graduate students, colleagues and support groups, Amber was able to share her experiences of counselling anxiety. This helped to generate ideas for self-care such as meditation, breathing exercises, and journaling. Engaging in some of these activities allowed her to feel peaceful and tranquil with a renewed energy to continue counselling. The journaling process was quite helpful when she was able to make the time to engage in this activity. Subsequently, looking back through her writings she recognized significant personal growth. Another benefit of journaling was her realization that personal growth was an ongoing process. Taking ten or fifteen minutes at the end of the evening to sit and meditate or reflect on the sessions of the day was helpful in "bringing in that positive energy again." Amber has enjoyed solitude in nature and

coupled nature with exercise such as walking or running through the woods or alongside a brook or listening to ocean waves roll onto the shore. While preferring the feeling of solitude, she also enjoyed a sense of being connected with people.

When asked how she might help a fellow colleague who was quite anxious, Amber stressed the importance of obtaining support, consulting with others, increasing awareness and identifying previously successful coping strategies. Amber would focus on what the colleague felt they needed to get through the situation and talk him/her through to resolution.

> As counsellors we also need someone ... to talk to about our anxieties and stress ... that we experience during our counselling sessions. ... We may sometimes feel that we have a handle on helping people with their stress and anxieties that we're not aware that we're also experiencing anxiety and stress as a result of these sessions. ... It's pretty important that we realize that we need to deal with them and that we need to take care of ourselves. We sometimes need to step away from that. ... Consulting with other counsellors regarding those types of issues is really important.

Scott

Scott, a theoretically eclectic doctoral student in his 30's, described himself as a fairly anxious student who was eager to earn top marks in his graduate courses. After several years of graduate school, he admitted feeling moderately anxious most of the time. He noted that while he would have preferred feeling less anxious, he required some degree of anxiety to motivate himself to get things done. When Scott began graduate studies, his thinking changed from "Am I good enough to get in?" to "Am I good enough to prove I belong?" As such, he rated his anxiety as "6 to 7 out of 10 punctuated with 9's and 10's out of 10 where I was just freaking out." He noticed significant physical and cognitive symptoms when his anxiety remained very high for three to four consecutive weeks in his first semester. Recently, Scott observed that his anxiety ratings are "a

consistent 6 out of 10" which he described as "a little more than moderate" and not comfortable but necessary for motivational purposes.

Scott's initial counselling experiences were steeped in anticipatory anxiety and apprehension. He prepared for his counselling sessions by going into the counselling rooms, practicing his interview and imagining "worst case scenarios" where the client was either suicidal, angry and aggressive, or presented with a "just unbelievable series of problems" waiting to be solved by the "expert" counsellor. Some other worst-case scenarios included thinking that the client would walk in, see "just some kid" and walk out; or that their presenting issue would become worse. For Scott, this sense of anticipatory anxiety escalated in the days before the initial meeting with a client and expressed itself through physical symptoms. Scott's face and cheeks would tighten and he would experience "butterflies" in his stomach. He also observed constricted and rapid breathing, dry mouth, and had difficulty not thinking about upcoming sessions at night. At times he felt that his throat was constricted and he would speak in a high pitched voice. In fact, for Scott, his vocal pitch became a cue or affective indicator reflecting increasing anxiety. He also experienced a tightening in his chest and tension in his neck and shoulders. At the height of his anxiety, he noted that his "vision would go funny where it seemed like the room would become a little bit brighter" and he could not really focus on things.

Most of Scott's anxiety occurred between sessions, but he noticed that when he was face to face with the client(s), he could relax. As Scott gained more counselling experience, the duration of his anticipatory anxiety decreased from days to hours to just minutes before the initial session. At this point in his training Scott mostly anticipated

positive outcomes in counselling sessions, especially with client populations he is comfortable with.

In earlier live supervision sessions, Scott would become very anxious and experienced upset stomach, nausea, and "feeling not really there or together – almost detached or dissociated." On such supervision days, Scott's symptoms began from the moment he got out of bed and escalated up until the moment his session was being observed. Scott attributed much of this anxiety to insecurity over his counselling abilities and nervousness about possibly being negatively evaluated or "exposed." Scott reported that several other students felt anxious as well about their counselling skills when they first worked with clients. There were times when he felt "stupid" or incompetent in knowing what to do should a certain "what-if" scenario develop.

> What if they're suicidal? What if they're overly aggressive? What if they're hanging at the end of a rope with just all this spider-web of problems, and I'm at a loss to come up with some way of helping them or seeing them through?

This was most evident to Scott when he was learning how to work with families and couples early in his training. He described feeling "basically incompetent" and that he was "ripping off clients" because he felt he lacked sufficient knowledge and/or variety of techniques to effectively help families and couples.

In defining his professional role and identity, Scott experienced a shift in his thinking from needing to be counsellor-as-expert, to that of facilitator. He acknowledged struggling with understanding the counselling process and his role in that process. He often assumed more of the responsibility for change than he felt the client did, and felt a pressure to "fix people." However, Scott commented that he felt like a "fraud" because people were paying money for services and expecting that he was "supposed to know

everything" but he did not. With this shift in Scott's thinking came an experience of freedom when he unburdened himself of the idea that he must have all the answers for his clients. It allowed him the opportunity to be genuine and congruent with his clients and significantly reduced his anxiety.

Certain counselling situations and client types tended to elicit anxiety for Scott, particularly when he felt he had lost control of the session or that progress was not being made. Scott sensed that he could not always contain the session and continue to provide a safe environment. When conflict erupted in a session, Scott experienced a lack of confidence in knowing how to intervene.

In family therapy, Scott was particularly concerned with not doing harm to his clients, and his fear was that somebody would come out of counselling "worse off than when they came in", especially in families in which aggression ran high. As with a lot of 'what-if' situations, Scott recalled that he had not yet provided family therapy where the outcomes were worsened by his efforts. However, he described having worked with a client who, after participating in family counselling with another therapist, became suicidal. Scott thought that his client's experience of family counselling had further reinforced the family members' previously dysfunctional stances. Scott was concerned that if he were to see similar families, he would not always be able to prevent negative outcomes for his clients despite his best efforts and intentions. This concern was based on his sense that he had little experience, knowledge or counselling confidence.

Scott mentioned that he felt like a fraud at times and was concerned that his clients would see through him, particularly if the client was prone to being critical of others. As noted with couples and family therapy, Scott sometimes felt ineffective in

dealing with clients playing the "blame game" with each other and critical interpersonal exchanges. He felt anxious and was not able to comfortably 'be himself' in session.

More recently, Scott has been feeling confident, comfortable and excited when counselling children and adolescents, and anticipates positive outcomes. His confidence developed from anxious counselling experiences he described as 'trial-by-fire' learning. Scott described an instance where a client's safety was potentially at-risk and he had to decide the best way to inform caregivers. He noted that in many cases, the decision to inform others was relatively straightforward, while other times making this decision produced much anxiety. For example, Scott was working with a depressed adolescent who had previously made suicide attempts and was expressing suicidal ideation again. Scott's anxiety became apparent to him when, in consultation with his supervisor, he decided that his client's parents needed to know that their child was thinking about suicide.

> The catch was ... it seemed that his parents were really generating all the anxiety and the stress in his life ... but ... I had to tell the parents and could have possibly made things worse. His dad had been abusive in the past. ... There was a lot of anxiety surrounding saying it the best way I could so the parents didn't freak out. ...That was the beginning of anxiety - throwing fuel into this abusive fire that was maybe smoldering.

Scott carefully considered his client's best interests and possible ramifications of disclosing this information to his client's parents.

> In the days preceding I was just cringing going, 'Oh shit, I don't know if this is going to help this kid, but it has to be done. I think the parents really do have a right to know about it but I just don't know if it's going to help.' ... Here's a kid that's really ill and ... I felt like I was holding the knife over the rope that he was holding onto.

Scott was deeply concerned that the client would feel betrayed and hurt by his decision to inform the client's parents. His feelings of anxiety and concern for his client clearly

impacted the way he worked with that client. By explaining how and what he would disclose to the client's parents, he had hoped to maintain and strengthen the trust that had been developed.

For Scott, one of the most fundamental aspects of being a professional counsellor working with children and adolescents is to act as a client advocate whenever possible, including case conferences with teachers. However, Scott recalled having a very anxious experience in an early consultation with a client's teachers. Scott had been working with a severely depressed young lady and decided to consult with her teachers to relate her limitations and possible ways they could help his client. Scott began the conference and quickly noticed that the teachers were critical of him and "attacking everything" he was saying. Scott was taken aback and became defensive. As a consequence, Scott felt he did not advocate effectively for his client which produced for him a "clenching-my-teeth-kind-of-stressed" experience. Following the conference, Scott could not concentrate or relax and he experienced muscular tension throughout his body. It took him several hours to unwind and determine that perhaps he needed to interact differently with the teachers. In reflecting on that event, Scott relayed the following:

> My hunch is I came off as a total over-schooled egotistical know-it-all bastard when I came to that meeting and maybe they were reacting to that. ... So I went into a second meeting and the first thing I said was, 'I've been thinking about what you said and I have some thoughts from a psychology side of things and if I could share them with you, you might find them helpful.' The whole meeting was completely different ... it actually came off really well. It was more of a team approach, and I felt like I had advocated for my client. It was much better.

After careful consideration of the event, Scott changed his approach to more of an invitation for collaboration to which the teachers responded well.

He reported that he has had several excellent supervisory relationships; however, not all supervisors were supportive. He recalled experiencing significant anxiety during an initial supervision session where he felt "unsafe" because the supervisor, according to Scott, was very critical of him. Scott recalled feeling as though no matter what he did, there was no positive feedback. Scott felt as though he were being critically dissected under a microscope.

> I was not feeling safe and … secure with my abilities. I was pretty anxious about it. … Prior to the session and for the first five minutes, it was just dry mouth and nerves, butterflies and nausea. I can't remember if my face was tight or not but just definitely feeling ill.

Scott noted that it is the match between student and supervisor and the student's sense of safety which played a pivotal role in the novice counsellor's developmental process. For Scott, he must feel safe without the dread of feeling as though he was not allowed to make a mistake or made to feel stupid. With a sense of safety, Scott recalled excelling in certain areas.

Scott had several ways of dealing with anxiety including acknowledging areas of weakness and limitations; re-evaluating the situation; developing a specific plan; consulting with others; rehearsing behavioral responses and incorporating self-care.

Scott's view of counselling and his role as a counsellor has changed a great deal with respect to individual counselling, but he continued to avoid family counselling experiences. He did not feel he has had sufficient training or experience to work effectively with families, which for him, translated into anxiety about the family therapy process. Scott realized also that there were family therapy courses available but decided against enrolling in them. This decision was helpful in reducing his counselling related anxiety insofar as avoidance can be a helpful strategy in dealing with anxiety. At the

same time, Scott identified and accepted areas of strength and weakness which also served to reduce his anxiety.

> I think that's been one major change related to my anxiety. When I started counselling ... I felt a real pressure to jump in there and take a bite of everything. I really believed that. The positive thing was this crazy amount of growth that was generated but the negative side of it were those bad experiences I had which generated a lot of anxiety. ... The only thing these experiences gave me as far as learning was knowing when to set limits and acknowledge my weaknesses. ... I think I've really made a lot of peace with the fact that I can't be strong in everything. I still have anxiety about being weak but not to the same extent.

Scott found it beneficial to re-evaluate anxious situations by "stepping back" and gaining a different perspective on what was underlying the anxiety. Following the previously mentioned unsuccessful case conference, Scott was "anxious, anxious, and anxious" and he noticed many physical symptoms.

> Actually I ran a bath, lay down in it and said to myself 'OK, what's making me anxious?' When I started putting it together it then started disappearing. ... I stepped back and took the reins again and said, 'OK this is what I need to do to set things right' which I couldn't have done unless I had identified what was going on.

Scott consulted with supervisors and colleagues when he felt anxious about a counselling incident. Scott attributed his increased comfort consulting colleagues and supervisors to his increased relief with admitting that he did not yet have particular skills and that he needed to learn more in a certain area. Scott had also begun to reframe negative counselling experiences within the context of learning, which allowed him further acceptance of weak areas in which to improve.

To further help reduce his anxiety, Scott rehearsed different scenarios both alone and with his clients in preparing for a course of action. During rehearsals, Scott attempted to envision a positive session as opposed to catastrophic "what-if..."

scenarios. Coupled with rehearsal is opportunity for positive self talk and reminders that it was time to relax, control his breathing, and feel calmer.

Scott also discussed self-care as a means to reduce his anxiety and defined self-care as a balance between professionalism and taking care of one's self physically and spiritually.

> Professionalism means achieving in school, reading up on things, being on top of things, and giving people the best that I can. Taking care of myself physically, eating a healthy diet, and regularly exercising. I just started focusing on self-care again but I'm not as bad as I used to be. At least I'm being conscious of it. At this point I'm completely confused spiritually with what the heck I believe in but all I know is that I am consciously trying to make time for those things that give you energy. ... It's that balance. I'm a long ways away from being balanced but formulating things in that way has been helpful.

Scott noted that one professor taught him about the need for self-care by simply asking him what it was that he needed to do to take care of himself. Scott admitted that he was not "fantastic with it", but when he is really feeling stressed, he falls back on taking soothing baths, taking a walk, or listening to music. Scott has tried to "be in the moment" and was learning how to appreciate his experiences, which he noted recharged his spirit.

When Scott felt anxious and noticed shallow chest breathing, he would try to take a couple of deep breaths. It was interesting to note that if his environment was clean and orderly, he felt more "together." He suggested that taking time to clean his environment has been helpful in providing him with energy and that the act of cleaning is relaxing.

Scott recalled a time when he felt extremely stressed and was beginning to feel burnt out. His anxiety was negatively impacting his ability to function and he needed to take some time off to recharge. After some time off, his anxiety had decreased significantly to the point where he could work again with "increased vigor." Following

the break he has been making more of an effort to not let tasks pile up to the point where he is beginning to worry about them.

Finally, Scott described a need to nourish supportive relationships with friends and family that are important to him.

> I realized that it just it feels good, it releases my anxiety somehow. Just to be with them and to be able to talk to them about things - Even if they can't provide me with any answers. ... Just knowing that they're around is helpful.

To help a colleague deal with anxiety, Scott described the importance of empathy between colleagues which had been helpful in normalizing his experience of counsellor anxiety.

> When there's a level of empathy or when you have a shared experience, it really helps my anxiety when people come up to me and say, 'I'm at an eight or nine.' I've found at most times I can look back and go, 'Oh yeah, I remember that experience.' There's been one or two times where I haven't tried to solve their problem or tell them everything's going to be OK. I say, 'Yeah I think I know where you're coming from.' I tell them my experience, especially people that have gone through an unexpected situation like I had. It's happened to other people and I just say, 'Yeah, I think this experience is similar and I felt totally stressed out and I remember that anxiety.' They've turned around and said, 'Thanks. That's what I needed.'

Subsequent to our interview, I received an email from Scott clarifying this last point. He had written to explain that "if empathizing is there, advice is definitely a bonus. Empathy and advice was so much more helpful for reducing my anxiety than just advice."

Anita

Anita, in her late 20's, has completed undergraduate degrees in science and education, and was completing her master's degree in Educational Psychology. She identified an eclectic theoretical orientation, with an emphasis on Narrative, Existential and Cognitive theory and solution-focussed approaches when working with clients. Anita

experienced some initial 'uncertainty' during the transition from classroom preparation courses to working with actual clients. Anita took some introductory counselling courses and then began counselling without knowing the "real specifics of counselling." She noted that she and her classmates were "just feeling things out and trying to get a sense of where you fit as a counsellor and what that role actually was." However, according to Anita this 'uncertainty' was less anxiety provoking for her than it was for some of her classmates. Anita commented that there were several reasons for this, including support from supervisors and colleagues, her understanding of her role as a counsellor, as well as her own personal philosophy about the nature of counselling. She has also had a number of informal counselling experiences prior to graduate training including post secondary student counselling services, crisis lines, group homes and women's shelters; all of which helped prepare her for graduate training.

Anita did not consider herself to be an anxious counsellor. When asked about anxious moments in counselling, she preferred to use other terms such as "feeling uncertain" or "becoming stuck" and "not knowing where to go next with the client." One of the most significant factors in minimizing Anita's anxiety during the transition from classroom to counselling was the support and acceptance she received from supervisors and colleagues from the onset of her counselling experience.

Anita's narrative and existential theoretical orientation has had an impact on how she perceived counselling and how she dealt with ambiguity within the counselling process. She described her narrative approach as being "somewhat open ended" and situation specific in that she is "looking at the particulars of someone's story rather than a generalized truth." From her perspective, she was not necessarily searching for a specific

answer to the client's issues each session and did not subscribe to a "fix-it mentality." She indicated that if she had continued to maintain the belief that she must 'fix the client's problems' she would have probably become quite anxious and frustrated about her ability to be successful as a counsellor.

> There would be anxiety about my ability to be successful as a counsellor. If that was always my measure - having clients leave feeling as though the world was brand new again, I'd be failing all the time. ... If that was what I was measuring my competency by, there would be a lot of anxiety there.

Anita suggested that her colleagues' unrealistic expectations of outcomes may have contributed to their lowered sense of efficacy as counsellors and increased their anxiety. Anita's awareness of this potential trapping was helpful in refining her understanding of the helping relationship.

Anita described an anxious incident involving conflict and threat of violence that occurred at a women's shelter between two residents while she was working alone. Anita recognized that her anxiety was increasing in response to this situation and she tried to manage it because it was "debilitating her from being functional"

> ... in the sense that I really just wanted to avoid the situation. I did want to just run and flee. I knew that if my anxiety increased and if I stayed very present in my anxiety then that might be a possibility. ... I couldn't run away ... or shut the door and just hide somewhere.

Even after the conflict had de-escalated, her anxiety continued unabated for the remainder of her shift because of the possibility of further conflict. By remaining aware, Anita dealt with her anxiety through the use of problem solving strategies, developing a plan, and regulating her affective state through self-talk. She remained "more in her head" in terms of focusing on figuring things out rather than noticing physiological responses.

Anita was also 'concerned' with one client who was at high risk for suicide. Her anxiety was not related as much to whether she had said the 'right' things, but whether there were things left unsaid that could have been helpful to the client. At the same time, Anita indicated that her anxiety was reduced because her client was well known to the clinic and had been seeing other counsellors for couple's counselling. In this way, Anita did not feel alone and was relieved that some of her colleagues were aware of the situation and were available to both her client and Anita as required. Being a member of a team of colleagues familiar with her client provided her with a sense of relief.

Like Amber, Anita recalled a "silent" client who was unwilling to provide any information at all. Anita tried to elicit information without success and started to feel "a bit of anxiety" and frustration. The client provided her with minimal responses which left Anita wondering how they were going to move the session along. She noted a sense of urgency to move the session without having much to go on.

Another source of anxiety occurred for Anita when faced with terminating the therapeutic relationship when the client's issues were resolved and the client no longer needed to attend counselling. Anita experienced uncertainty as to how to gently lead the conversation towards an ending without hurting the client's feelings or feeling like she was taking support away. At the same time, she felt inauthentic when she failed to complete termination. There was a degree of ambiguity created for Anita when her role in the therapeutic relationship became something other than originally intended (i.e., client-counsellor).

> [Counselling] moved from something where it's been very purposeful to more uncertain as to why we're sitting and talking to each other because the issue has been resolved, and they seem to be fine. They really do not

> require coming in anymore to talk about it but they're still coming in and so our conversations just end up being about anything.

In Anita's quest to be helpful to her clients, this scenario was worrisome for her because she recognized that she was not being helpful to the client or to others on waitlists.

> Almost on an intuitive level where I'm sensing that things need to end but not sure how to suggest it.... I'm not really clear on how to do that. ... The anxiety was more prominent because we both knew we needed to end and I felt a failure on my part to take that initiative to actually voice what needed to be said. ... So the anxiety increased because I see that they're seeing that I'm incapable at that time of doing that.

Another aspect of termination that created anxiety for Anita occurred when counselling is arbitrarily terminated due to end of semester scheduling, regardless of how well resolved the referral issues were. This stage of counselling was filled with sadness for Anita; however she felt better about it if a referral had been made elsewhere.

The transition from the classroom to the practicum or internship site was relatively smooth given the acceptance and esteem that was initially bestowed upon her. Along with the support and encouragement, supervision too was an important buffer for heading off Anita's anxiety.

Anita's self-care was helpful in dealing with anxiety and stress.

> I wrote some narratives of experiences I'd had with individuals I had met. I remember this one client who I'd never seen self-harm before quite to this extent. She would swallow needles and that really stayed with me for a while. That was really difficult for me ... but the writing really helped me process that. ... I had a lot of pent up angst about her situation; seeing someone in tremendous pain and just not knowing how to help.

After having connected with the client at a very deep level, she discussed her need to purge her reactions to her clients' stories. There was an element of Anita's spirituality and connectedness with nature and a higher power which came into play as well. She

accomplished cathartic release through the self-care activities of reflection, journaling, and exercise. She envisioned self-care as a medium through which she was able to "open up more space to invite more" of the client's story.

In discussing the need for self-care, Anita used the term "un-centered" and becoming unbalanced, such that she required rest and solitude. She commented that she could mentally create settings in which to seek solitude, but found that it is more helpful if she was actually surrounded by something that creates "wonder and awe" for her. She described climbing to the top of a cliff and taking in a panoramic view, absorbing images of a large body of water, or merely sitting in front of a fireplace as "balancing" settings. She likened the majesty of these environments to a spiritual being or "God whose strength and capacity were far stronger than her own." There was also a continual 'checking in' with her affective state "pretty much like every moment of the day" to see whether or not she needed to take time to re-balance. Finally, another aspect of self-care involved changing her environments often so that "things stayed alive" and she did not experience burnout in a situation.

When asked how she might help a colleague who had just experienced an anxiety provoking counselling situation, Anita suggested that it would be important to debrief the incident with her colleague to get a sense of what really happened. She would listen and provide support and reassurances. In addition, Anita stressed that the incident could be viewed cognitively with an opportunity for disputing possible irrational beliefs around what they could or should have done or how they could have prevented it.

It was interesting to hear Anita speak of self-forgiveness and grace, especially for the beginning counsellor. She stressed that not everything was always going to be perfect

or work out exactly as hoped, but that some clients would take things away that were meaningful to them whether or not the strategy or intervention had been mastered.

Beth

Beth is completing her doctoral studies in Counselling Psychology. She described herself as being moderately anxious and that her anxiety tended to be a motivating factor when redirected into useful productivity. This "energy driving" force increases with increased academic stress or personal stress during holidays. Regarding academic stress, Beth's anxiety has gradually increased from when she first began undergraduate studies. As each year progressed, she believed there was more at stake in terms of academic achievement. When there have been academic and home stressors, she noticed an impact on her counselling, in that there was a lack of client centered focus and being less present with the client. At those times in session, her thoughts drifted to these personal matters. When she became aware that this was happening, she worked harder to re-focus her concentration on the counselling session, which in and of itself could be anxiety provoking.

Perhaps Beth's greatest source of counselling-related anxiety was her high level of uncertainty with unfamiliar counselling situations and difficult clients. Beth recalled one of her early experiences of counselling with incarcerated clients.

> The first time walking into that room - immediately my anxiety just went through the roof. I thought, 'Oh my goodness what am I going to say? What am I going to do? How do I act? How do I respond? Don't want to show too much intimidation.' There was a whole stream of thoughts running through my head.

She described feeling intimidated by a client and did not know how to appropriately respond. Fear for her own personal safety was possibly a contributing factor to her experience of anxiety at that time.

Beth recognized that being a relatively inexperienced counsellor working with unfamiliar client types for the first time contributed to her sense of counselling related anxiety. At the same time, she sought out clients that would challenge her level of comfort and skills. For example, when initially working with very distressed terminally ill patients, there were instances when she was not sure what to say to the patient and their families in order to be truly helpful. Similarly, when working with unfamiliar client types (e.g., suicidal clients, angry & conflict prone couples, culturally diverse clients), there were also times when she was unsure of how to proceed and felt as though she was lacking the necessary knowledge to be helpful. This led to further anxiety and often Beth sought out information from the clients, supervisors, colleagues, and the research literature to increase her knowledge and reduce anxiety.

Couples/family therapy was an area that Beth described as challenging and anxiety-provoking on two levels. She initially felt apprehensive about this client type because she had not had much previous experience with counselling couples/families. Prior to each session she imagined several what-if scenarios and became "somewhat anxious" about the session. Eventually, her initial anxiety response was replaced with a sense of comfort about the idea of working with couples/families. As she became more familiar with the counselling process, the source of the anxiety was related more to the continual interpersonal conflict happening between the clients. When clients argued incessantly, Beth was unsure how to intervene and at times felt out of control.

> [There were] a lot of argumentative couples with a lot of interruption going on. At some point things kind of spiraled out of control. It just became a roller coaster. I was thinking, 'Oh my goodness! Here we go again.' 'How am I going to stop this? What can I do?' Do I interrupt, do I interfere? Am I going to come across as being rude?' Towards the end I think I was able to become more comfortable with that.

Clearly there were occasions when Beth experienced anxiety and discomfort in knowing if she could confront her clients' behaviour and their non-productive communication in the session, and doing so in a respectful manner.

As she continued in her training, Beth considered attempting new approaches or techniques with clients but felt very uncertain of the outcome, and she would automatically start with thoughts of 'what-if …' and self-doubt. Fortunately, this did not dissuade Beth who continued to broaden her counselling experiences through selecting and implementing new approaches and techniques when appropriate.

Beth also described a situation where there was a mismatch between her own and her client's perception of her role as a counsellor. She described her thoughts about working with a family who had a terminally ill member.

> I had about eight people in a room all looking at me and again this is my perception, thinking that they think I'm the expert and that I'm going to be able to - maybe not fix it, can't fix it, but - just looking to me for 'expert opinion, expert advice, guidance on what to do, and where to go from there.

Beth had a strong desire to help her clients to the best of her ability, and there have been times when this strong desire has created anxiety for her in terms of ruminating on events that occurred in and between sessions for the client. While there have been times when she has questioned herself and the path that a particular session followed, Beth has been able to redirect that anxiety into positive critical reflection, planning,

thinking about possible avenues, and writing down ideas to help her conceptualize therapeutic goals.

There were two main components to Beth's anxious counselling experiences: cognitive and physiological sensations. During moments of anxiety, her thoughts generally consisted of a flight of 'what if…' questions and thoughts of incompetence.

> I thought, 'Oh my goodness what am I going to say? What am I going to do? How do I act? How do I respond? I don't want to show too much intimidation.' I was also thinking, 'OK these people look to me as if I know exactly what to do.' In the mean time I have this little voice in the back of my head thinking, 'Oh my gosh! I don't where to go with this.'

Sometimes she would go home still thinking about a particular session and questioned whether she had done the right things, how she could have done things differently, and where therapy may lead next. When she began to doubt herself, she became more anxious and this impacted later counselling sessions. For example, she may have become "closed down a little bit" and spoke less in the session.

Occasionally, stressors outside the counselling session such as the demands of time pressure and academia affected Beth's thought process during counselling sessions. She recalled thinking, "I want to be home right now getting this, this and this done. What time is it? How much time do we have left? I want to be out of here." This interfered with her being present with the client and her perceived need to work harder to be more focused on the client.

By becoming more aware of her anxiety, she has increased her confidence in her counselling abilities and reduced her anxiety. She added that her current awareness was at a much deeper level, but that developing self-awareness was a continuous process. One of

the benefits of increased self awareness was realizing when something needed to be done about the anxiety before it became uncontrollable.

As a bright and introspective counsellor in training, Beth was willing to critically reflect upon and discuss her perception of feeling incompetent as a counsellor. She articulated how critical reflection played a pivotal role in her development as a counsellor.

> If you want to be a better counsellor, it's about continued growth. If you're not going to talk about it, become more aware of it or be open with colleagues or supervisors, then how are you going to learn? ... That's when positive learning stops.

Further, critical reflection served as one of many methods adopted to increase her comfort in defining her role and professional identity as a counsellor. Beth engaged in a reflective process following sessions both privately and in supervision. Her ever widening sense of awareness was described as "opening more and more channels" and paying attention to several channels at once. Beth often reflected on sessions immediately afterwards, on the drive home, or later in the evening. She wrote down some ideas she had about what happened in the session and brainstorm ideas for the next session. By having written a synopsis of the session, she found she was better able to retain the information. She collected these scraps of paper and placed them in a file folder, which she both literally and metaphorically 'filed away.' The act of 'filing it away' helped to reduce her anxiety and allowed her to get on with other important things.

> I feel a bit calmer and more comfortable. It's almost like - this is going to sound funny - a sense of closure. ... I can put it away in my file folder or even leave it on my desk as a way to keep thinking about it. Then I'm able to continue with the rest of my evening.

As Beth spent more time becoming familiar with a particular client type and/or setting, her anxiety diminished to the point where other unfamiliar client types and settings produced less initial anxiety. This was related in part to her developing ability to pay attention to multiple layers of communication in sessions. In addition, Beth noticed and appreciated her own personal growth as an individual and a counsellor, which boosted her sense of counselling self-confidence. She has begun to trust the counselling process and her abilities as a therapist more and more in recent years. Beth stressed the importance of consulting with a supportive supervisor and colleagues when feeling stressed or anxious. She also described the need to connect with others without necessarily talking about counselling-related issues "... but just talking with a friend and laughing." Beth made connections with others though participation in physical activities as well as through her spirituality. Her spirituality helped her to reduce anxiety and worry by accepting that a "greater power was at work and that things happened for a reason."

Beth spent considerable time reflecting and preparing for upcoming sessions with her clients, and she preferred to have knowledge of possible difficult scenarios and methods to deal with them. She also used a grounding technique prior to sessions to help maintain her focus and concentration on the client and their presenting issues. This technique tapped into awareness of a body sensation, which acted as a reminder to maintain focus and concentration. Using this technique prior to a session calmed her down and prevented anxiety from entering into the session. This practice helped prepare her to be more present with the client and open and receptive to events as they occurred. In this regard, Beth was engaging in self-care which she described in the following manner:

> It's being able to maintain a healthy level [of anxiety], so I'm not reaching the point of burnout. It means exercising, self-reflection, talking with a supervisor and colleagues. [It's about] knowing when you've reached or are reaching that limit. Then you must do something about it to prevent anxiety from completely taking over to the point where you're getting really sick or ill and not able to perform at a normal level.

In summary, Beth reported a change in the way that she experienced and dealt with anxiety in counselling. In the process of becoming a better counsellor, she has become more aware of when she is anxious and recognized a need to respond to her anxiety. Her anxiety has served to motivate her to take action. The most crucial method of dealing with her counselling-related anxiety has been to engage in the practice of critical self-reflection. Other methods have consisted of consulting with supervisors, peers, colleagues; incorporating vigorous physical exercise into her lifestyle; 'filling in' self-perceived knowledge deficits and broadening her experience with unfamiliar clients and issues; and, preparing future counselling sessions.

Leonard

Leonard, a doctoral student in his early thirties, described his theoretical orientation as integrative with a strong inclination towards humanistic and client centered approaches. He has had counselling experiences in several settings including a group home and a postsecondary peer support group. While Leonard described himself as a fairly "laid back" individual who has had several experiences of anxiety, he did not perceive himself as overly anxious.

A central component of Leonard's development as a counsellor has been to discover his role and how he "fit in." His experience of stress and anxiety was related more to politics in his work environments, procedures, and goals rather than to the counselling process. Leonard described feeling frustrated and anxious when he realized

that he could not make as much of a contribution as he had hoped to make towards his clients. Leonard also encountered some difficulties with how his counselling style was perceived by coworkers.

> Other co-workers teased me ... I was the 'touchy feely' person there in a fairly militant setting where the men were real men ... and emotions were a bunch of crap. I had one of them tell me all that emotion stuff and all that listening to them was a bunch of shit.

Leonard experienced frustration when conflicting agendas and role expectations made it increasingly difficult to fit in or achieve therapeutic goals in that setting. After a period of time, Leonard described feeling burnt out.

> I'd come home after a 12 hour shift where I'd be just wasted. It would be like 12 hours of constant stress and uncertainty which is just a hideous thing to live with. That was really difficult. You want to talk about anxiety? That was a year and a half of anxiety 90% of the time. ... No relaxing at all. I always felt on edge.

When Leonard initially worked with clients he occasionally felt anxious because he was uncertain as to what he should be doing. Much of this anxiety was alleviated after he realized aspects of the relationship between his stage of counsellor development and his own role expectations.

> I think part of me recognized that ... I didn't have a lot of training. The expectation to be a support versus the cure helped to mediate that anxiety. ... I could think of a client who at the time was suicidal. I didn't feel that it was my responsibility to save them. I was worried for the client and I was anxious because I wasn't a professional [yet] but I had an idea of what my role was... I believed I could at least do that right and that I could do that well enough that it was helpful. ... I also knew enough to refer them on.

Consistent with his counselling orientation, Leonard expressed his understanding of the counselling process emphasizing a fundamental trust in the client while maintaining a supportive, empathetic, and facilitative stance.

> It's important to trust them to do what they need to do for their own lives. It's almost a spiritual belief that their life is better if I'm not there telling them what to do. If I'm there molding and fixing because they're suicidal and I'm panicky about it, I'm probably making the problem worse. But if I can be supportive, understanding, facilitative and really be with them in a true Rogerian sense, then that might be a more positive experience for them in the long term and make a big difference for them.

When Leonard began graduate studies, he noticed that many of his fellow students were overwhelmed, anxious, and stressed by the amount of information they were trying to assimilate and apply to actual clients. In an attempt to feel less overwhelmed and discouraged, Leonard did not try to expand on his knowledge base too much or too quickly, with the understanding that he could gradually integrate other learning in his development. According to Leonard, several of his peers expressed concerns about their lack of faith in their counselling skills which created even further anxiety for them. Leonard remarked on the contrast between him and his classmates in this regard.

> In a way I didn't fit in because I was really eager to see people and others were feeling a lot of anxiety and stress. ... I remember the first year of graduate studies they told us that we were going to see clients almost immediately. People were freaking out, saying "I can't see people, I'm not ready, and I don't know anything. I don't feel I'm good enough."... I felt the complete opposite. ... I was thirsty to see clients.

Now as a doctoral student, Leonard's role expectations have changed. He reported experiencing more anxiety because he had set higher expectations for himself and had taken more responsibility to "do more" in counselling to become a better therapist.

Leonard noted anxiety when clients asked him to fix the problem for them rather than working together to arrive at a solution. Such requests did not fit well with Leonard's view of the counselling process. He was aware that he should only be responsible for his share of the therapeutic work; however, he acknowledged a need to please his clients.

Leonard's anxiety was related to a strong desire to please the client, yet he realized that he could not always meet client expectations.

Certain types of clients have typically created anxiety for Leonard, including angry individuals who did not accept responsibility or ownership for their own problems. Interestingly, suicidal clients did not generally present significant anxiety for Leonard which he attributed to his theoretical orientation and style. Leonard noted that it was not his role to stop clients from being suicidal but rather trust in the therapy process. Leonard's trust in the client, the therapeutic process, and an increased awareness of his therapeutic role helped to alleviate his anxiety in this circumstance.

Working with multiple clients, such as marital or family counselling, Leonard frequently encountered angry people blaming each other for the interpersonal difficulties they were experiencing. There was the additional source of anxiety for Leonard about whether he was able to "connect fairly" with each of the clients - a task he considered to be important for him as a therapist.

Leonard has had the experience of "feeling stuck" at various points in the counselling process and wondered if he was being helpful, and how he should proceed, if at all. He recalled a husband and wife who continued to attend counselling despite having already received about eight sessions without much apparent change in their situation. The marriage was described as consisting of years of anger, defensiveness, and blaming the other for their marital difficulties. The couple was unwilling or unable to explore their own contributions to their impasse. Consequently, Leonard felt stuck as to how to assist and his anxiety worsened when he reviewed what little progress had occurred in session

and evaluated how effective he had been as a helper. His anxiety became further heightened when clients yelled and screamed at him.

The presence of counsellor anxiety had a positive function. Leonard felt that anxiety helped keep him honest and critical of his strengths and weaknesses as a counsellor, and likened its function to a teaching tool.

> You don't want to be bullshitting yourself that you're such a great therapist when you're really not that good. Neither do you want to be killing yourself about being the world's worst therapist when you're really doing fairly well. You want to be reasonably accurate in how you're doing. [Anxiety] is an unpleasant experience sometimes but if you listen to it, it has a lot to teach you.

Leonard was usually able to decipher the message of that anxiety allowing for the opportunity to further refine his counselling skills. He described anxious thoughts, nervousness in his gut, generally being fidgety and his conscious efforts to address his anxiety. His reflections allowed him to identify the source of the anxiety, and deal with it in an appropriate manner. It also provided him with messages of what was happening in therapy.

In dealing with anxiety, he first notices when he is feeling anxious, and then consciously reminds himself to "attend" to the anxiety and relax.

> [The anxiety is] ... telling me about how I'm experiencing this person and my own beliefs. ...I find if I attend to it then I don't come home at night still feeling the anxiety in my stomach as much. ... Attending to it actually is the most helpful thing. ... The anxiety itself is reduced when I pay attention to it, learn something from it and act on that. That really kills the anxiety really quickly.

Leonard cautioned that "rushing too quickly to work through, getting rid of, or stuffing down the anxiety" was a non-productive use for the anxiety signal. It would also be incongruent with the methods he used to help clients deal with their own anxiety.

Supervision, consultation and critical reflection were also helpful in reducing his anxiety about whether he could have been more helpful with certain clients.

Leonard also stressed that it was important for the counsellor to engage in an active, rather than passive process of self-care with a focus on achieving and maintaining balance in one's life. Self-care sometimes meant doing "more of something he needed to do to take care of himself." He indicated that he tended to procrastinate too much and sometimes ignored his internal anxiety signals.

> I think anxiety would be something that I would listen to but sit on for a long time. In that case it's like a broken record. It keeps playing over and over, and then it's not productive at all. That's where listening ... and being clear about what [the anxiety] is saying to you and then taking action of some kind is necessary.

After a period of time he begins to listen more and becomes more active in a variety of ways including going to the gym and exercising, seeking supervision or actively reflecting on a particular client and how therapy has progressed thus far. Critical self reflection is very much a part of Leonard's self-care.

Leonard viewed self-care as essentially being a routine that counsellors need to build into their lives, and its integration may very well depend on how self-care is conceptualized. Leonard suggested that if self-care activities were negatively viewed as "just another busy activity that needs to be done" and energy consuming, rather than revitalizing, they would not likely to be incorporated in the pursuit of balance.

> When I'm really enjoying therapy it gives me a lot of energy. It takes it away too but it provides me with a lot. I think that's the essence of self-care. Self-care should provide you with both short and long term energy, but yeah it's work. It is taking care of yourself physically, mentally and emotionally and you do have to work at it. But I think, 'what do we teach clients?' That's what we want people to do. We want them to work on themselves. Well, we'd better do the same.

In addition, Leonard suggested that peer support and supervision was perhaps one of the most helpful strategies when dealing with counsellor-based anxiety.

> Sometimes people may challenge you, while other times people support you. Either one can actually be really positive because you may not be taking action and someone might say, "I really think you should think about telling that client that this is your boundary." That actually can be quite relieving to hear. Other times your peers may say, "You're doing everything the best you can." That feedback is the number one thing that helps me deal with the anxiety. The process in supervision is about getting some perspective. Because anxiety is a very personal internal process, stepping outside your experience and just being able to look at it from that perspective as well is helpful.

Leonard had mentored two anxious counsellors-in-training and he noted that his interactions with both of them were quite different based on their different needs. With one individual, he helped them cope with their anxiety by normalizing it and providing empathetic support. This individual was seen as "going into that experience" and learning a lot from it. The anxiety would increase, get dealt with, increase again, and be dealt with once again. The student was taught to go through a process where they would think about it, engage in self reflection, and then consult with their supervisor. Leonard believed that the second individual wanted to be rescued from their anxiety rather than experience and process it. Leonard sensed that there was not much that he could say to the second student that would reduce the student's anxiety about being a "good enough" counsellor.

> They really wanted me to tell them what they didn't yet believe about themselves. I can't convince them that they're good enough. My telling them that doesn't hold a lot of weight. Instead I just encouraged them to really experience [the anxiety] and learn something from it.

In summary, the manner in which the student processes his/her own anxiety played a large role in the type of mentoring or supervisory relationship required. Leonard noted that anxiety was inherent in the training process and successful mentors and

supervisors normalized this experience for the beginning counsellor. Mentoring and supervision also allowed for a series of anxiety-laden struggles followed by successful resolution and increased confidence where the student perceived themselves as finally "good enough."

CHAPTER FIVE

FINDINGS

The question of "who am I as a counsellor?" is one that all participants struggled with during their educational training. Some preferred not to use the term "anxious" or "anxiety" in favor of feeling "uncertain, distress, awkward, pressure, difficulties, unnerved, and feeling uneasy." Others were clearly more comfortable with the use of the word anxiety to describe their experiences. George provided a definition of counselling-based anxiety as "fear of an uncertain future."

> My definition of anxiety is 'fear of an uncertain future'. It's the counsellor's own life and everything they do in counselling ... on some level connects to a sense of their future, what they want to be, and what they are doing. Anxiety, to some degree, would be connected to your sense of future and how real it is, how prospective it is, how guaranteed it is. It's the uncertainty that drives people.

George's definition of anxiety is representative of participants' experiences in this study. At its core, anxiety can act as a catalyst for further actions to promote development.

Three higher order themes comprised of (1) sources of anxiety (2) manifestation of anxiety and, (3) overcoming counsellor anxiety were identified along with several subthemes. The following sections will describe these in detail and provide the reader with a contextual framework.

Theme One: Sources of Anxiety

The theme of Sources of Anxiety identified those situations and factors which created anxiety for the participants and were clustered according to three subthemes: (1) goodness of fit (2) fraud factor and, (3) client issues.

Goodness of Fit

In their search for a counselling identity, participants struggled with similar anxiety provoking issues. The majority were concerned about the congruence between their personality, counselling style, and experiences as counsellors at internship and practicum settings. Scott, Molly, and Sam found themselves struggling with whether they even belonged in their training program or profession. Some were received with open arms in their practicum settings, while others found that their personal style of counselling conflicted greatly with coworkers as well as the institution's orientation. At times, there was also concern about the quality of the match with supervisors. The theme of 'goodness of fit' had a significant impact on the counsellors' levels of anxiety.

Occasionally there were mismatches between personality, counselling style and the nature of the setting. For example Leonard, with a humanistic and client centered approach to counselling found that he did not fit well in a "military-like" group home where listening to the client was looked down upon. Interestingly, Leonard noticed some discrepancies between himself and his graduate student peers in that he felt a little like an outsider to their anxious experiences about first meeting and working with clients.

For some participants, the work setting offered challenges and potential conflicts with the participants' counselling styles. For example, George struggled with the ethics of confidentiality within a school setting where staff and faculty often sought confidential information about students revealed in counselling sessions. While working in that particular setting, George's counselling style and firm adherence to the CPA code of ethics created significant anxiety for him because of the incongruity between the school's and his own expectations of client privacy. Anita was concerned about her ability to

effectively function in a more structured environment than she had previously experienced. This caused some "uncertainty" for Anita in that she wondered if she could maintain these "very defined boundaries" outside of formal counselling sessions, particularly in a small community where she was likely to run into her clients frequently.

> I would have just counselled someone and then later see that client in the hall and I'd have to pretend that I didn't know this person. It was just very difficult to do in a small environment - to assume that role and it was very different than what I naturally would have subscribed to. ... The nature of my personality would be to see a client and just run up to them and say, 'How are things going? How are you doing?'

Anita believed that if she ignored or avoided her clients outside of therapy, she would be acting in a manner that was disrespectful to her clients and not congruent with her personality. In order to feel genuine both inside and outside of counselling sessions, she decided that she would not adhere to rigid boundaries. While being sensitive to maintaining appropriate and ethical boundaries, Anita decided that if she were to encounter a client outside of therapy she would acknowledge them and might inquire as to how they were doing since last session. In this manner, Anita adopted a counselling role that was most congruent with her personality and allowed for the reduction of her "uncertainty."

Some participants had difficulties with client and therapy termination in certain settings, but for somewhat different reasons. For example, George, always eager to please his clients, struggled with meeting his obligations to both the client and the setting. Particularly troublesome was the limited number of sessions allowable per client regardless of whether the client had received all the counselling they required. In these cases where George felt forced to effect termination due to the institution's policies and regulations, he reported feeling as though he was unable to fully please the client and not

help them as fully as possible. Anita, on the other hand, having helped the client resolve the referral issues felt ineffectual in terminating therapy without feeling as though she were hurting the client's feelings or abandoning them. This desire to help and avoid conflict is a commonality between George and Anita in this regard.

In summary, the "goodness of fit" subtheme appears to be a significant factor in the beginning counsellor's experience of anxiety. At the same time that the participants were attempting to develop a professional identity that best fit with who they are as individuals, they may have found themselves working and attempting to adapt to new practicum and/or internship settings with different sets of policies and challenges. The theme of "goodness of fit" is also relevant to the relationships that the beginning counsellor develops with significant others such as supervisors, mentors, and peers. The degree to which the participants felt congruent with their significant others and the requirements or mandates of the settings appeared to mediate their reported anxiety. For example, Anita's transition to her internship setting was made very comfortable by her supervisors and colleagues there who warmly greeted and accepted her "with open arms." In contrast, Leonard's introduction to working at a group home with co-workers who held very different perspectives on counselling resulted in significant anxiety. Similarly, Scott's experience of a mismatch with a supervisor was a source of anxiety and growing apprehension.

George's frustration with a setting determined termination schedule led to feelings of anxiety because he felt he did not have enough time to effectively help certain clients. These participants sought ways to reduce their anxiety and stress by improving his or her goodness of fit with their particular circumstances. Leonard moved on to other settings

where there was a better fit with his style and counselling approach. Scott found another supervisory relationship that was more supportive and encouraged him to further develop his counselling skills beyond his initial comfort zone.

Fraud Factor

A second subtheme, 'fraud factor' was identified as a source of anxiety and was characterized by feelings of incompetence, self-doubt, and feeling unprepared to begin actual counselling. The experience of feeling like a fraud was also connected to whether or not participants perceived their role as being either an expert or facilitator of the counselling process.

The fraud factor, also known as the impostor phenomenon, has been described as an intense feeling of intellectual inauthenticity frequently experienced by high-achieving individuals (Clance, 1985). Associated symptoms include depression, lack of self confidence, generalized anxiety, and frustration due to the inability to meet personal standards (King & Cooley, 1995). Despite having received considerable evidence supporting their competence and achievements, these high achievers do not believe they have done enough to deserve their achievements and anxiously believe that they will be exposed as frauds. Interestingly, the impostor phenomenon was first discussed in the literature in reference to well-respected professional women in clinical and academic settings who attributed their success to external factors such as luck or professional contacts rather than internal factors such as ability, intelligence and creativity (Clance & Imes, 1978). Since this group of women believed that they had gotten to where they were in their careers because others had overestimated their skills, and that they had fooled everyone who thought they were intelligent, they were fearful of being discovered as

intellectual frauds or impostors that they truly believed themselves to be. Although originally thought to be predominantly associated with females, there has been some research which suggests that the impostor phenomenon occurs for men as well (Harvey, 1981; Topping & Kimmel, 1985). The origins of this phenomenon are not clear however it has been hypothesized to be related to one's family-of-origin (Clance & Imes, 1978). For example, there appears to be a correlation between a family environment focused on high academic achievement and success and high scores on impostor phenomenon questionnaires (King & Cooley).

In the current study, most participants viewed anxiety as a negative experience and one that should be avoided when working with clients. Feeling anxious served to reinforce thoughts that they were, or would become incompetent and ineffective counsellors. With the notable exceptions of Leonard and Anita, all the participants described thoughts and feelings of incompetence and likened this to feeling like a fraud or an impostor.

Another aspect of the impostor phenomenon was that Molly, Sam, and Leonard wished to impress upon their clients and colleagues that they "had it all together" as counsellors, yet still felt like impostors inside. This conflict led some to question their counselling skills, and whether they could really become effective counsellors. Molly expressed her concern about this conflict between how she felt about her skills and how others may have viewed her as a counsellor.

> I think, 'They've let me into this program and they're going to teach me stuff but oh there's no way that I'm actually going to be any good at this. I mean sooner or later somebody's going to find out I'm just bullshitting. I can talk the theory. ... I can tell you what's in the books and write good papers but when push comes to shove and I actually have to sit down with a client week after week and actually be some sort of catalyst for them so

> that they can make a difference in their lives ... it's going to be like wall paper. That's me. You peel it off and it's gone - like I'm not a real counsellor.'

As Molly indicated, there was a sense of worry that she would be "exposed" as a fraud who was essentially incompetent, and lacked knowledge and counselling skills that she felt she needed to have to be an effective counsellor. Sam too felt like a fraud and incompetent particularly when working with suicidal clients. Sam felt that she had insufficient knowledge or understanding of different strategies for working with clients with "true suicidal ideation, and those who were using suicide as a manipulative tool."

> I felt a real lack of knowledge and awareness. ... I mean anyone who's genuine is probably going to feel incompetent when they're starting out because there's so much to know.

Sam's feelings of incompetence were also elicited when clients did not show-up for heir scheduled appointments. Initially Sam interpreted a no-show as reflective of her worth as a counsellor.

This belief or attitude is directly related to the question of "Who am I as a counsellor?" The statement suggests that the counsellor's role is that of an expert who knows how to "fix things." However, Anita, Scott, George, Molly and Leonard initially adopted the "expert role" that left them susceptible to feeling like a fraud when the answers to client issues were not easily forthcoming. Molly reported that most clients believe that a real counsellor is an expert who should not experience any significant difficulties in life. In fact, Molly also appeared to believe this idea.

> Part of me says, 'Yeah, but I'm not a real counsellor.' It's this impostor thing. You see, real counsellors don't get anxious. Real counsellors have it all together. Counsellors shouldn't have any problems in their life. I mean they will have problems but they're able to solve all the problems that they have because they are the expert on human relations and they know how to fix things. I mean you don't take your car to a mechanic

> who's got a car that doesn't work. You take your car to a mechanic that has a really well functioning car.

Despite only having had a few single sessions with clients, Molly described an unrealistic expectation of her skill level and abilities within the context of her learning process and limited experience. There may have been a pressure to be 'all things to all people.' This was certainly the case for Amber, Scott, and Sam. Molly was hopeful that her perspective would change by the end of her internship, but her inner critic maintained and echoed thoughts such as, 'if you were a real counsellor you'd know' or 'you should know by now.' It was interesting to observe that although Molly's clients felt the sessions were helpful, her internal negative critical voice carried significantly more weight than the external positive feedback she received from her clients. This observation is consistent with research in the impostor phenomenon field of study (King & Cooley, 1995). Self-doubt was a common feature of the anxious beginning counsellor.

Anita's internship experience was less anxiety provoking for her than her peers because she understood her role which she felt was predefined for her. She had initially approached counselling with the belief that she must fix the client's problems. However she abandoned this idea early on noting that if she had continued to maintain this belief, she would have likely become anxious and frustrated about her ability to be successful as a counsellor.

> If that was always my measure - having clients leave feeling as though the world was brand new again, I'd be failing all the time. ... If that was what I was measuring my competency by, there would be a lot of anxiety there.

Scott's perception of his role also changed from purporting to be an expert early in his training to becoming more of a facilitator of change. As an "expert," Scott believed that he needed to be more responsible for change than the client.

> At the beginning I remember thinking I was there to fix people instead of work with people. Then that fraud thing - I felt this pressure to look like I knew everything because all of a sudden there's this responsibility. People were paying money ... coming in looking at me like I was supposed to know everything. So I assumed this role and I wanted to be congruent with it. I just wanted to actually look like I knew what I was doing but I didn't feel that way at the time.

When trying to be helpful in providing personal counselling, George had difficulty in not adopting the expert role. He was aware that he was trying to "save his clients all the time" when this was not always possible or desirable and quite anxiety-provoking. George guarded against allowing clients to witness his anxiety and indicated that his internal experience of anxiety was not as noticeable to others and that he was able to "keep the lid on it." As previously indicated, George was concerned that any noticeable anxiety would have been perceived by his clients as incompetence.

One aspect of the impostor phenomenon was related to performance or evaluation anxiety in supervision. Supervision and evaluation was a significant source of anxiety for Scott, George and Molly, but in somewhat different ways. Scott was filled with anticipatory anxiety prior to live supervision sessions. He reported that his anxiety was accounted for by insecurity in his counselling abilities and fear of receiving a negative evaluation and being exposed to his supervisor as a "fraud." During live supervision, George felt he had to "be on the job, bright and alert and ask the right questions" which created anxiety.

> If I'm being watched then I've got to be mechanistic. I've got to think, "What are the correct steps here?" ... Supervision puts you on your P's and Q's. It makes you think about 'How am I sitting? Am I too relaxed or am I in an alert posture? Am I leaning forward? What are my gestures? Am I listening? Oh better be careful not to give advice here! Better listen some more.' I find that that's a lot more stressful because I know I have to perform a certain way. I know I've got to work on being empathic at the

> same time, but I am far more tuned into the mechanics of what I'm doing as opposed to making the client connection.

Molly felt anxious and frustrated by what she perceived as a lack of feedback from her supervisors and limited opportunities for practice. Her anxiety had increased significantly because she was concerned about how well she would perform in her internship. Molly's perception of her upcoming internship was that it would be incredibly challenging given her perceived limited counselling skills.

> It's sort of like all of a sudden running the marathon and all you've done is gone around the block a couple of times. I have to build up my experiences – positive or negative. I need to … get more frequent positive feedback to learn and learn what I've done wrong.

Clearly, Molly was left wanting more from her supervisors and graduate training program so that she would feel better prepared for the counselling challenges ahead of her.

Leonard initially felt less anxious because he also embraced the idea that his counselling role was not to fix the client. He did not experience a sense of panic that he needed to have all the answers. In fact, his approach to early graduate counsellor training was quite different than other participants in that he set standards that were "within easy reach" for him. He focused on further refining his basic counselling skills and was vigilant against attempting to be all things to all people. In this regard, Leonard's early training experiences were not characterized by feelings of incompetence, un-preparedness or feeling like a fraud.

In summary, participants who described feeling as though they were 'frauds' reported anxiety in regards to their developing professional identities. This was particularly noticeable during early stages of counsellor development. There was a sense among many of the participants of exaggerated incompetence and urgency to rush though

their development. This sense of urgency may have led some to hold unrealistic expectations about their skill level and maintained their anxiety. Some participants adopted the "expert" style whereby they would fix clients by providing them with the answers to their dilemmas; while others viewed their role as more of a facilitator of the change process. Participants in the former camp reported more stress, anxiety and felt like a fraud because they believed that they always had to solve the client's problems for them particularly if receiving payment for counselling services. More often than not, they would overextend their responsibility for change within the therapeutic relationship and notice an increase in their feelings of incompetence and anxiety. In the search for a counsellor identity, these participants struggled with how well they felt they were able to fit in; how they believed they were perceived by clients, peers, and supervisors; and their own perceptions of their role, skills, knowledge; and beliefs about their counselling abilities.

Client Issues

A third subtheme, client issues, was evident in the participants' experiences as being a significant source of anxiety during their training. The nature of client issues and ethical dilemmas were closely linked to the participants' belief that they could be helpful. For the participants in this study, those issues that they considered to be unfamiliar and/or complex increased their apprehension, at least initially. Later in their training, participants like Beth indicated that with wider exposure to different populations, her anxiety in working with other unfamiliar client types was still present but considerably less. As well, certain types of clients produced anxiety for the participants. However,

three main types of difficult clients were identified and included suicidal clients, angry clients, and couples/marital counselling clients.

All but one of the participants noted that they had experienced anxiety when working with suicidal clients. Judy's early experiences in working with clients diagnosed as having Borderline Personality Disorder (BPD) had a significant impact on how she later viewed suicidal clients in general. When some of her BPD clients indicated suicidal intentions, she promptly experienced anxiety and consulted her supervisor. Consultation with her supervisor left her wondering just how seriously this type of client should be taken with respect to suicidal expressions. Judy became angry and defensive when she came to feel that her clients were manipulating her through their suicidal gestures and attempts. In spite of her anger she struggled with how to talk to clients who had just attempted suicide. Judy's anger and defensiveness coupled with a belief that she was being toyed with by the BPD clients, helped her become desensitized to clients' cries for help through suicidal ideation, gestures, and/or attempts. Consequently, when assessing suicidal risk she became quite uncertain as to what to believe and was afraid that she would miss warning signs that a client may attempt or reattempt suicide.

Anita felt uncertain when initially working with suicidal clients, as did Molly who indicated that she would be anxious working with a depressed and/or suicidal client.

> Certainly with suicide it's a case of having to assess the situation to know whether or not as the counsellor I need to do something here ... to step in ... or take whatever steps are necessary to safeguard the person. I think that's the part that's scary for me.

Leonard's early experiences in working with suicidal clients was quite different than the other participants in that it was not anxiety laden and very much related to his view of who he was as a counsellor. Although he occasionally felt anxious and uncertain,

Leonard viewed his role to be supportive rather than curative. He did not feel that it was necessarily his responsibility to save the client from themselves. His goal was not to stop a person from being suicidal per se but to trust in the therapy process, build the relationship, and work towards a non-suicide outcome. Leonard emphasized developing a fundamental trust in the client and the therapeutic process while maintaining a supportive, empathetic, and facilitative stance.

Almost half of the participants noted that clients who demanded to be 'fixed' were anxiety-provoking. Leonard's comments perhaps best typify the participants' reaction to this expectation.

> Probably the number one anxiety provoking situation would be when clients clearly verbalize that they expect me to fix their problem. Usually in those cases, the clients also say 'the sooner you fix it for me the better off I'll be.'

The participants' anxiety stemmed from their desire to be as helpful as possible with the realization that they could not be responsible for all of the necessary therapeutic work. Leonard's angry clients who would not accept responsibility or ownership of their problems caused him anxiety. When informed about the process of therapy and the roles of the client and the counsellor, many of his clients became angry with Leonard because he indicated he would not assume all of the responsibility for change.

Several other participants experienced anxiety when a client became angry and confrontational in session. In moments of escalating anger during couples and/or family counselling sessions, Scott experienced difficulties containing the session. When conflict erupted in couples counselling, he was not always sure of how to intervene and felt that he was not in control of the session.

> I've had numerous sessions where couples scream at each other and they just get stuck. ... I just sit there and basically try to break it up. ... There's that element of conflict between them and feeling like I'm not intervening in the right way or ... pushing things ahead in a productive or helpful way. ... I just feel that I don't have the reins.

Similarly, Amber acknowledged that conflict and "stormy confrontations" were areas of discomfort. She admitted that she would refrain from making challenging statements if she thought that she would make the client angry or anxious.

In therapy involving multiple clients, such as with marital or family counselling, the participants frequently encountered angry people blaming each other for the interpersonal difficulties they were experiencing. Additional anxiety was created for Leonard regarding his ability to "connect fairly" with each of the individual clients in the session.

> Marital/couples counselling, angry, and confrontational clients are difficult. I do get anxious ... because it's important for me personally as a therapist in a couples situation to connect with both people ... not just in terms of whether I agree with them or how I conceptualize the problem, but in terms of the sense that I'm empathetic, I listen and I'm supportive.

In summary, the participants identified several common client issues which they experienced as anxiety provoking in which confrontation and conflict were central components. Several participants described some of their sessions as getting out of control and they were unsure how to intervene or contain the setting. Participants such as Amber, Anita, Scott, Leonard, and Beth felt anxious when conflict arose in their sessions, and some of these participants did not want to make confrontational statements that could result in further conflict and anger.

Unfamiliar and complex client issues also created anxiety for the participants. Most participants described feeling very anxious when working with suicidal clients,

demanding clients and individuals with personality disorders. However, it was noted by the participants that with increased experience and exposure to a wide array of client concerns, this anxiety was diminished.

Theme Two: Manifestations of Anxiety

The manner in which anxiety was experienced differed among the participants and included aspects of physiological, cognitive, and emotional arousal. The following accounts of the participants' various experiences of anxiety were included here because they were quite significant and had an impact for the participants. The participants experienced many different types of physical sensations which were helpful in identifying when they were feeling anxious. Leonard's experience was characterized by a "nervousness in the gut" and feeling generally fidgety where he moved around a lot in his chair. Judy tended to experience tension in her neck and stomach, while Sam felt that her blood pressure tended to increase and that she was "probably perspiring" when she was anxious.

Some reported that their hands became sweaty while others noted that they were getting "warm and sweaty" throughout their body. George recalled that during one session he felt "something like palpitations" in his chest and thought he might have been having a heart attack. He also experienced constricted breathing. Molly was prone to experiencing insomnia, headaches, and tension throughout her body particularly before an upcoming session. She described her breathing as shallow and she felt wound up, agitated, rushed and indicated that she felt "knots in her stomach." Molly recalled feeling so anxious about an upcoming session that she had difficulty eating.

Interestingly, when George felt anxious in the counselling session he noticed that he spoke much more quickly in a rambling fashion. Amber on the other hand observed that her speech became much slower as searched for the best response.

Scott's description of his experience represented the most extreme reactions of all participants. He had a variety of very strong physiological and cognitive reactions to his anxiety. His face, cheeks, and chest would tighten and he felt tension in his neck and shoulders. His mouth would become dry and he felt that his throat was constricted. In fact, a change to a high pitched voice became an affective indicator reflecting increasing anxiety. Occasionally, his vision went "funny where it seemed like the room would become a little bit brighter" and he had difficulty focusing on things. Finally, Scott experienced "butterflies" in his stomach, nausea, and "feeling not really there or together – almost detached or dissociated."

Several counsellors noted that they constantly thought about and mentally rehearsed possible scenarios and interactions with the client. Molly reported that she was having difficulty getting to sleep and would wake up in the night thinking about upcoming sessions. Like Molly, Scott constantly thought about upcoming sessions and his experience was steeped with significant anticipatory anxiety. Many participants noted that they often struggled with "What if....." questions and other intrusive thoughts. Beth described her anxiety in terms of brooding on events in and between sessions. During moments of anxiety Beth's thoughts generally consisted of a flight of 'what if' questions such as, "What if [the client] perceives this as, 'what is she doing?'" or "What if we don't make any progress at all with this? What if we're really, really stuck?" Sam's mind would race and she felt like she could not stop worrying about her counselling sessions

and her clients. She began to dream about her clients. During waking hours, Molly engaged in a lot of negative self-talk and often said things like,

> I'm no good at this. ...There's no trust in my own intuition as to what's the right thing to do here. That causes a lot of anxiety for me when I don't know what I'm supposed to be doing. ... Things have to be laid out for me.

In instances where the participants experienced difficulties with reoccurring, intrusive, racing thoughts or dreams about their clients, it appears that there was a blending of the participants' professional and personal lives. Furthermore, they appeared to have had difficulty leaving it behind at the end of the day.

Beth also tended to make negative self-statements based on feelings of incompetence:

> I thought, 'Oh my goodness what am I going to say? What am I going to do? How do I act? How do I respond? I don't want to show too much intimidation.' I was also thinking, 'OK these people look to me as if I know exactly what to do.' In the mean time I have this little voice in the back of my head thinking, 'Oh my gosh! I don't where to go with this.'

As with some of the participants, Beth questioned whether she had done the right things, how she could have done things differently, and her counselling skills in general.

On an emotional and spiritual level, some participants indicated that they felt drained after counselling sessions. For example, Judy's first session with a client diagnosed with Borderline Personality Disorder left her feeling emotionally overwhelmed and "like a deer in the headlights." Her client had described multiple tangential issues including suicidal ideation. Following this initial session, Judy's client "fired" her. Judy felt shocked and was at a loss as to what she could have done differently in this situation.

> I thought, 'Oh my gosh! ... What's she doing? Who is this woman?' I didn't know if she was for real. I thought, 'Is every client going to be this nutty? What is this? This is bizarre! I can't handle this. This is too

> stressful.' I just shut down basically. ... I didn't have a response to, 'I'm suicidal.' She laid all these issues out one after the other and I just didn't know what to do. ... I just felt paralyzed. ... I couldn't really talk to her... think or react. I felt like a deer in the headlights.

Judy also described being emotionally fatigued and spiritually drained. She stated that "it's very difficult to maintain a spirit of hopefulness and optimism and joy in life when you're with hopeless people all the time." As such, Judy indicated that she needed ways to regain her emotional fortitude and hopefulness which she found through self-care strategies.

George described being affected emotionally following sessions where he thought he was not as helpful to his clients as he wanted to be.

> I have a real personal deflation psychologically. I feel kind of emptiness, a low sense. It's not real depression or if it is, it's very transient because I'm going to bounce out of that.

Anita also needed to learn how to regulate her affective states and attempt to "re-balance." Anita recalled feeling overwhelmed after conducting five counselling sessions consecutively. She reported feeling as though her own "spirit and soul had disappeared" as a result of becoming so involved with her clients and their narratives. Anita realized that it was important to "find herself again."

Scott described feeling more and more anxious as he continued to procrastinate over academics and counselling. The ever increasing cycle of anxiety and procrastination began to take its toll. Like Sam, Molly, and Amber, Scott too realized that he needed to do something to effect change.

In summary, these participants experienced anxiety from a variety of sources resulting in high levels of physiological, cognitive, and emotional arousal. Physiological descriptions included "nervousness in the gut," tension throughout the body, headaches,

increased perspiration, fidgetiness, rapid heartbeat, and decrease in appetite. Cognitively, the participants worried about counselling sessions and clients with intrusive, re-occurring catastrophic thoughts about imagined "what if ..." scenarios that very seldom actually occurred in their sessions. Some of the participants described feeling emotionally and spiritually drained after what they perceived as difficult counselling sessions. These physiological, cognitive, and emotional responses led to a common result: each of the participants realized in one way or another that something needed to be done to address the impact of these experiences of anxiety.

Theme Three: Overcoming Counsellor Anxiety

Overcoming counsellor anxiety was identified by participants as being both a necessary resolution in response to anxiety, as well as a preventative measure to avoid burnout and stress. George noted that anxiety or uncertainty is what drives counsellors to take action to reduce that uncertainty. To this end, the following five subthemes were identified as being critical to this process: 1) personal and professional growth; 2) self-care; 3) seeking enhanced learning; 4) supervision; and, 5) approaches to helping anxious colleagues.

Personal and Professional Growth

It is important to note that in order to respond to their anxiety the participants first had to become aware of it in its various manifestations. Then, by understanding the connection between the anxiety signal and its underlying meaning allowed for an opportunity for further refinement of counselling skills and personal growth. For more experienced participants, their experience of anxiety provided them with an accurate gauge of what was happening in therapy.

As described earlier, reactions to anxiety were qualitatively different for the participants, as were their means of responding to these reactions. Leonard reported that anxiety has been an extremely helpful signal for him, but he cautioned that one must first attend to the anxiety in order for it to be useful. When Leonard felt anxious, he consciously reminded himself to "attend" to the anxiety and relax.

> [The anxiety is] ... telling me about how I'm experiencing the client and my own beliefs. ...I find if I attend to it then I don't come home at night still feeling the anxiety in my stomach as much. ... Attending to it actually is the most helpful thing.

Leonard's acceptance of anxiety as "another emotional experience" that did not need to be avoided, allowed him access to a wealth of information and "some meaning making."

Scott recalled a particularly anxiety-producing teacher consultation which left him feeling very anxious but unclear about the reasons for his reaction. He felt he had to increase his awareness of his anxiety by first 'stepping back' and attempt to gain a new perspective.

> [I was]... anxious, anxious, anxious for about six hours, and it got to a point where I felt all the physical symptoms of it. I was bothered and not really knowing exactly why I was feeling bothered, bothered me even more. I ran a bath, lay down in it and said to myself 'OK, what's making me anxious?' When I started putting it together, [the anxiety] started disappearing.

Similarly, Molly indicated that she must first become cognitively aware of her anxiety before she is able to process it. Once identified, Molly indicated that she could then usually find a way to deal with the cause. Beth too monitored her anxiety and noticed that anxiety was a motivating factor. As she became more aware, she noticed that her anxiety lessened, she felt more confident in her counselling abilities and was motivated to new challenges.

Interestingly, George described a "low grade undercurrent anxiety" that he had to continually monitor. He found it helpful to label it "Insipient Anxiety" and then used daily reminders to pay attention to it. At the beginning of each day, George focused on his anxiety and closely monitored it.

The participants' ability to identify sources of anxiety and attend to it allowed them to explore problem solving strategies and thereby reduce their anxiety. Participants identified different approaches to becoming aware, and through an increased awareness, they were able to highlight areas for personal and professional growth.

All of the participants reported "feeling stuck" at various points in the counselling process. They wondered if they were being helpful, and how they should proceed in a counselling situation. There was a sense of frustration and helplessness in feeling stuck. Similar to Leonard, George's experiences of feeling stuck with clients were reframed as opportunities for learning.

> Learning is by way of impasses. ... Stuck points are things that are intimidating to a lot of people and an impasse is the very thing that makes you say, "Well I can't do this. I want to run away." ... You have to realize it as an invitation to learn. When you see it that way it becomes a more wholesome thing. ... [You] identify where you're stuck and see if you can find strategies or ways... to have a break-through there. ... That's not abnormal, that's normal. ... The way you learn anything is through being stuck.

For George, overcoming impasses became more of an issue of developing trust in himself and his intuition as a counsellor by taking calculated 'risks' and gaining experience from the results of these actions. One of the interesting aspects of this reframe involved the normalization of anxiety when encountering an impasse or stuck point in therapy. For several of the participants, as the experience of anxiety became normalized as part of the learning process, they began to understand and accept that their experience

of anxiety was not unique. They began to realize that their peers had experienced similar anxiety-provoking situations and that there were effective methods of dealing with their anxiety in a positive way. The participants indicated that self-care was a very important component in their approach to anxiety management as well as overall well-being, despite the general lack of therapist self-care in most training programs' curricula (Thériault & Gazzola, 2006).

Self-care

All participants understood the self-care concept, its importance in relieving stress and anxiety, and incorporated self-care into their lives. Self-care was generally defined as actively taking care of oneself physically, mentally and emotionally with the goal being the achievement and maintenance of "balance in one's life." In the search for balance, Anita viewed self-care as an attempt to "re-center or refocus" so that she could "open up more space to invite more" of the client's story. When feeling "not centered" she felt as though something inside her needed to be released: when centered, she experienced an "all is well" feeling within herself. Sam too described the purpose of self-care as a means of fully processing and releasing emotional reactions as related to her counselling experiences. Sam often engaged in creative activities such as journaling and painting as part of her self-care process.

Leonard pragmatically considered self-care to be essentially a routine that counsellors needed to build into their lives, and noted that its successful integration depended on how the counsellor conceptualized self-care. If self-care activities were negatively viewed as "just another busy activity that needs to be done" and energy

consuming rather than a source of revitalization, these activities were not likely to be incorporated into the counsellor's life.

Molly added that self-care began with gaining awareness of feeling anxious and stressed, and then following through by taking time to look after her own needs. She was quick to note that the counsellor should not feel guilty for taking care of themselves instead of, or in addition to, others. She rationalized that if the counsellor was unable to regularly take care of themselves, they would have little left to give to their clients in the long run. The majority of participants suggested that taking care of physical needs was quite helpful in reducing their anxiety and stress. They endorsed eating a healthy balanced diet and engaging in regular exercise which varied from individual to individual.

An exception among participant responses was noted in regards to seeking personal counselling. Sam was the only participant who indicated that she had sought and received personal counselling prior to her graduate studies, and counsellors-in-training who had not had the experience of being a client were at a "severe disadvantage" in understanding the nature of the therapeutic relationship. She noted that personal counselling was beneficial for increasing awareness of unresolved issues which might impact counselling work with others. In a similar vein, Amber expressed concerns that there were few opportunities for personal support within the educational framework during her counselling training and recommended participation in graduate-level courses which might include a group and/or individual counselling component.

> A variety of experiences could be offered such as weekend retreats, or just acknowledging that the supports are there ... if you need to talk over issues that you're experiencing in your program or ... professional growth as a counsellor. That needs to be there from the beginning.

Anita, Molly, Sam, and George described a strong need for making connections with nature and/or others in their lives in order to re-charge depleted emotional and spiritual domains. Anita sought out what she considered to be "balancing settings" such as climbing to the top of a cliff, taking in panoramic views, and absorbing images of a large body of water, or sitting in front of a fireplace. One aspect of Molly's self-care involved meditation in a nature setting to discover what was happening within her.

> I walk down to where a lake joins a little pond. I call that my church because when I'm there it's just really peaceful. I have a special rock that I like to sit on. I meditate and just sit looking at the water and try to let my mind go. Yet at the same time also trying to think about what my purpose is, and ... listen to the voice within. I try to quiet all the mental chatter and just listen within to see if there's a small still voice that speaks.

The participants' meditative approach to self-care helped them focus on important questions and issues. Sam experienced some difficulties when describing the spiritual aspect of her self-care but essentially it was about "being in the moment in connection with nature." She added that she needed to "stay open to being connected to the universe" and that this openness provided her with "strength and centeredness in the counselling session." George found that he was able to make a similar connection with nature by taking up jogging through a neighbourhood park.

Both Anita and Judy found that making a connection with a religious faith was very helpful for their overall self-care. Majestic features of nature reminded Anita of her faith in "God whose strength and capacity were far stronger" than her own. Judy found that time in prayer reminded her that life was "not all about problems."

In response to an incident involving a cycle of anxiety and procrastination, Scott decided that although he was still feeling "pretty anxious" he "just resolved to do

absolutely nothing with structure or related to school" for a pre-determined interval. By taking time off Scott reduced his anxiety and was able to increase his academic efficiency and confidence. He happily reported that following the break, he could "pick up a book and actually look at it for hours and hours." Scott had indicated that this process required a few weeks to address. In another instance, Scott related his approach by stating

> I stepped back from it … and then I started feeling better. The anxiety was reduced. I also came up with a plan on how to reduce it and what I needed to do instead of just passively sitting under this cloud reacting to it. I stepped back and took the reigns again and said, 'OK this is what I need to do to set things right' which I couldn't have done unless I had identified what was going on.

After a period of time Leonard began to attend to his anxiety and became more active in his response to it. He pointed out that self-care as an active conscious process could involve anything. He added that activities vary for different people and the purpose of any specific activity can change for the same person. The self-care strategy of "taking a break" was viewed in two ways: a necessary respite or an anxiety increasing form of procrastination. The participants indicated the benefits of relevant self-care activities aimed at meeting physical needs as well as providing mental relief. Some commonalities were noted with respect to appraising and dealing with irrational (i.e., Judy) and extreme thoughts (i.e., George); while participants such as Scott described the benefits of mental rehearsals of upcoming anxiety provoking events. Judy countered her negative thoughts with positive self-talk that bolstered her self-confidence. Congruent with George's theoretical orientation, he analyzed his cognitive appraisals and made attempts to alter his "extreme thoughts." When he felt that his mood was suffering, George altered his mood through "active mental resolution" where he actively and deliberately worked towards a more positive outcome. Several participants, including Scott, found that mentally

rehearsing counselling sessions or envisioning stuck points with positive resolutions was an effective self-care strategy to deal with his anxiety.

Relaxation and meditation were helpful in focusing on worrisome issues. Participants such as Judy and George would engage in deep breathing and relaxation exercises which were helpful for them. George's process here involved trying to "move the stress down to his diaphragm" and breathe slowly and evenly. In problem solving, George also maintained a 'to-do' list which helped him to remain calm when he had to prepare for the next task at hand. Following these activities, the participants noted that they were better able to develop plans to reduce their anxiety and more effectively problem solve.

In summary, with an enhanced awareness of the impact of anxiety, the participants then reported a need to satisfactorily deal with it. The concept of self-care was described as one of several ways to deal effectively with their counselling related anxiety. Descriptions of self-care were varied and highly individualized although the general goal was to actively take care of aspects of one's physical, mental, emotional, and spiritual needs. Another commonly described theme related to self-care was the quest for 'balance' among these and other components of professional and personal life.

Seeking Enhanced Learning

Seeking out opportunities for enhanced learning and supervision was another way the participants sought to augment their knowledge and professionalism and reduce some anxiety about working with client issues that were novel and complex. Scott indicated that balancing professionalism with personal well-being is an important aspect of self-care. He and the other participants referred to seeking out opportunities for academic

achievement and enhanced learning, including attending workshops. For example, during her internship, Molly attended a suicide intervention workshop which she found extremely helpful in adding to her counselling knowledge. Part of George's approach to reducing anxiety and uncertainty involved planning and preparing for the next time an anxiety provoking event occurred. However, his experience differed slightly from the other participants. For George, this meant intensive study and research involving a lot of "reading, philosophizing, and contextualizing" in the quest for enhanced knowledge. Beth sought information from the clients, supervisors, colleagues, and academic literature to increase her knowledge and reduce anxiety. She attempted to broaden her experience with unfamiliar clients and issues, and spent more time reading, researching, and reviewing case notes and videotapes of her counselling sessions. Critical self-reflection was also important to Beth and involved maintaining a journal. She noted that this assisted with case planning, thinking about possible avenues, and conceptualizing therapeutic goals.

In short, several of the participants sought to increase their counselling knowledge through critical self-reflection, researching current literature, attending workshops, and seeking consultation with supervisors as well as colleagues, particularly when they felt anxious and stuck in their development.

Supervision

The participants reported that anxiety was predominant in the training process and often it was supervisors who helped to normalize this experience. The supervision process allowed for a series of anxiety-laden challenges followed by successful resolution and increased confidence whereby the student felt s/he was finally "good enough" to be a

counsellor. Effective supervisors established a supportive relationship which the participants felt was a critical component in their successful navigation through these challenges.

The "goodness of fit" subtheme also captured an element of the supervisory relationship in that there can be accommodation by both the supervisor and supervisee. The perceived quality of this relationship was reported to have a profound effect on counsellor anxiety, levels of trust and sense of safety in supervision. However, not all supervisory experiences were considered to be a good fit or safe for that matter. While Scott reported a good fit with most of his supervisors throughout his training, he described one supervisory mismatch in which he did not feel safe and that every criticism made him feel worse about his competency as a counsellor. Scott reported that he could not make a mistake without fear of embarrassment or ridicule. Scott approached these supervision sessions with dread and apprehension.

> I've had supervisors where there's been a better match. They had me doing stuff that I didn't believe I could do, but somehow it felt safe. In supervision, I could say, 'Holy cow, did I ever mess that up. I didn't know what I was thinking there.' You can kind of reflect and learn to do what you might have done and there's no kind of attack on your core sense of self - how smart you are, how valuable you are, those sorts of things.

That supervision arrangement was terminated and Scott found a better fit with another supervisor. During, and following, the improved supervisory match, Scott believed it was helpful for him to consult with supervisors and colleagues when he felt anxious as a counsellor.

Molly was frustrated by a lack of supervisory feedback and practice; therefore she relied on herself and her peers for feedback. She tried to review her videotapes in an objective manner and was able to offer herself some positive feedback. With other

students she discussed daily experiences and journalled her thoughts. She found that discussions and interactions with fellow interns/students were also quite helpful. In small groups they watched counselling videos, discussed articles, and challenged each other's perspectives in a respectful and non-judgmental manner.

Nearly all of the participants noted that seeking supervision and consultation was quite effective in dealing with counselling related anxiety. Anita indicated that she did not feel alone or isolated during her practicum because she realized that she could obtain supervision and support from the other counsellors at the centre. Most of the participants found that peer support and consultation was one of the better strategies in dealing with their counselling related anxieties. Leonard noted that the supervision and consultation process allowed him to "step outside of his experience" and gain another perspective. In addition to supervision, critical reflection was useful in reducing Leonard's anxiety about whether he could have been more helpful with certain clients. Sam and Scott, both of whom described apparent mismatches with their supervisors, reported that consultation with peers have provided them with a greater sense of safety "without the dread of feeling as though s/he was not allowed to make a mistake, or made to feel stupid."

Approaches to Helping Anxious Colleagues

The participants were invited to describe how they would assist a colleague who experienced an anxiety provoking situation. Most endorsed methods that were similar to how they dealt with their own anxiety. The participants sought to provide collegial support, gave advice, and helped their colleague work through their experience.

With the exception of Judy, the participants generally indicated that they would provide examples of their own anxiety provoking experiences and attempt to reassure

their colleague by normalizing their anxious reaction. Scott's response focused on the importance of fostering empathy between colleagues in graduate school, adding that collegial empathy was very helpful in normalizing his own experience of counsellor anxiety.

> When there's a level of empathy or when you have a shared experience, it really helps my anxiety. I find that really helpful when people just say, 'Yeah. I've been there.'

Scott avoided giving advice adding that he has found that receiving advice was not always effective in his own life.

In terms of "working through" the experience with a colleague, George, Sam, Amber, Leonard, Anita, and Molly identified similar ways that they could be of assistance. Each of these approaches sought to identify the source and meaning of the anxiety and then construct appropriate plans of action, although there were some differences in how the action plan was developed (i.e., prescriptive vs. collaborative problem solving). George noted that he would engage his colleague in "true counselling fashion" to help him/her discover the underlying nature of their anxiety reaction. He commented that when his colleague was aware of the nature of their anxiety, he would then draw from his repertoire of techniques (including rehearsal, imagery, systematic desensitization, cognitive restructuring, relaxation, and various meditations) to further help with problem solving. George often approached counselling in a didactic manner and would try to provide the answers for the client. In contrast, Sam stated that while she wanted to assist with problem solving, she would not be overly prescriptive so as to increase her colleague's own sense of empowerment. Sam would want to know what had previously been tried and how effective it had been in reducing the colleague's anxiety.

Through this approach, Sam was hopeful that the colleague would choose a strategy and then develop a plan. Similarly, Amber advocated providing support and identifying those strategies that had previously been helpful in reducing anxiety in the past.

Consistent with his approach to self-care, Leonard noted that he would challenge his colleague to try to listen to the underlying message that the anxiety was presenting. Leonard felt that this step was critical in learning more about the self in relation to the situation and then actively developing a plan or response to the message.

Anita felt that it was important to debrief the incident in order to understand what had actually happened while listening and providing support and reassurances. Using a cognitive theoretical framework, Anita would help create opportunities for disputing irrational beliefs in regards to what should have done differently or how the situation could have been prevented in the first place.

> What helps me is just to rationalize it and reason my way through it. I say, 'OK. Why am I anxious? Is this anxiety well founded?' Do I need to be anxious and if I do, how can the problem be alleviated? What steps can be taken to either gain the knowledge necessary, or get the right supports in place? How can this problem be managed?

Judy also would provide reassurance and assist with problem solving using a rational cognitive approach; however a difference was noted between Judy and the other participants in that she would not disclose relevant personal experiences but focus on the colleague's experience.

Molly's response indicated that she would use a slightly different approach than the others. In an effort to help calm and reduce "excess energy [the colleague] had built up" she would match the colleague by walking alongside them and gradually slow their pace down. When the colleague was in a physically calmer state, she would then discuss

the specifics of the situation and "find out what kind of messages" her colleague was giving herself. However, when the researcher described a hypothetical situation where a suicidal client had just left her office, Molly described feeling "knots in her stomach" and became quite anxious. She was then quite uncertain as to how she could help her colleague, but was able to provide an empathetic response which might be quite helpful in terms of normalizing her colleague's experience.

> 'I can't help you here,' that's what I'd say. 'I'm the wrong person to talk to because you have every right to be anxious. I'd be just as anxious as you!'

Interestingly, most of the participants had indicated that consultation with peers and supervisors was quite helpful when they themselves were anxious, but only Amber advocated seeking consultation with many others to obtain several perspectives on the issue so that a greater range of possible responses could be generated.

It is noteworthy that participants' described methods of assisting a hypothetical colleague reflected their own idiosyncratic means of dealing with anxiety that came up in their own lives. However, for Molly, mentally processing the details of a hypothetical anxiety-provoking counselling situation elicited strong feelings of anxiety and considerable self-doubt. This is consistent with earlier described moments of anxiety where she felt she could "talk the theory" but would give into her anxiety and self-doubt in the moment.

Summary

Thematic analyses of the participants' interviews yielded several themes related to sources of counsellor anxiety; its manifestations; and participants' reported means of overcoming anxiety. The "goodness of fit" subtheme appears to be a factor in the

beginning counsellor's experience of anxiety. While forging a professional identity, participants were practicing their counselling skills in a variety of settings. Some settings presented challenges which required the participant to adapt and refine their developing style and therapeutic approach. Participants' relationships with significant others such as supervisors, mentors, and peers also appeared to influence their anxiety. Some participants described excellent matches with supervisors, mentors, peers and settings in which their anxiety was considerably decreased, while others reported poor matches which compounded their anxiety.

It appears that all of the participants expressed having had feelings of incompetence at one point or another during their training, and several described feeling as though they were 'frauds' or impostors. Many of the participants wanted to know all the answers to help their clients at a stage where such expectancy may be considered unrealistic. In regards to their role, some participants attempted to assume the "expert" role, assume more than their share of responsibility for therapeutic change, and cure or fix clients as demanded of them. Others viewed their role as "facilitators" who accompanied the clients as they made their own discoveries and assisted in problem solving. Those beginning counsellors who subscribed to "counsellor-as-expert" role reported more stress, anxiety, feelings of incompetence and like a fraud/impostor than their peers who were supportive facilitators.

Common anxiety-provoking client issues were typically those in which confrontation and conflict were central components. In addition, novel and difficult client issues such as working with suicidal clients, demanding or angry clients, and individuals with personality disorders tended to elicit anxiety in most of the participants. It was noted

though that with increased experience and exposure to a wide range of counselling issues, their reported anxiety decreased somewhat, and its effects appeared to have generalized to other novel counselling situations.

The participants' experiences of anxiety featured elevated physiological, cognitive, and emotional arousal. These symptoms included tension throughout the body, headaches, increased perspiration, fidgetiness, rapid heartbeat, and decrease in appetite. The participants worried about counselling sessions and clients with intrusive, re-occurring catastrophic thoughts about imagined "what if …" scenarios. Emotionally, some participants described feeling drained. With enhanced awareness, these anxious symptoms were interpreted as a message or signal that required responsive action on the part of the counsellor, and prompted many participants to consider self-preservation methods such as self-care. The goal of self-care was described as taking care of one's physical, mental, emotional, and spiritual needs to achieve balance among one's professional and personal life. In addition to self-care, the participants increased their counselling knowledge base through attending workshops and conferences, self-reflection, consultation and supervision.

In the following chapter, the main research findings will be discussed in relation to the literature, and their relevance in terms of recommendations for clinical training, and future research directions. Considerations for the current study will be outlined as well as final reflections.

CHAPTER SIX

DISCUSSION

The purpose of the current study was to explore, describe and understand the experience of counsellor anxiety among beginning counsellors and its impact on counsellor development. In the preceding chapter, answers to questions that had formed the impetus for the study were provided through the development of three higher order themes during thematic analysis of these nine participants' rich contextual descriptions. This chapter reviews the study's salient findings in light of the current literature, with a focus on sources of anxiety, its manifestations, and the participants' means of overcoming anxiety. This is followed by recommendations for clinical training, future research directions, and considerations.

Salient Findings

Clearly, the participants in this study experienced anxiety with respect to their developing roles as counsellors, particularly early in their development. This is reflective of the research on critical incidents in counselling (Skovholt & McCarthy, Eds., 1988) and the impact of anxiety and apprehension on the counsellor (Pope & Tabachnick, 1993). Even those individuals who did not consider themselves to be anxious were able to describe similar anxious experiences as those participants who described themselves as generally anxious. Some participants preferred to use recurrent, yet somewhat different terms to describe similar experiences of anxiety such as "feeling uncertain, distressed, awkward, pressured, unnerved, uneasy, or having difficulties." Others were more comfortable with the use of the word "anxious." Sources of anxiety were varied among participants; however it was found that anxiety was predominantly tied in with feelings of

incompetence and insecurity when first beginning practice. This finding is consistent with Skovholt & Rønnestad's (1992; 2003) formulation of therapist developmental stages. The participants in this study fell within the beginning and advanced student phases whereby they tended to become overwhelmed in their attempts to integrate theory and practice. Many of the participants tended to focus more on the mechanics of counselling, especially when being evaluated. These student counsellors reported considerable worry about what they would say to their clients to the extent that it was distracting to them during and between sessions (Orlinsky & Rønnestad, 2005). One participant also reported dreaming about her clients.

Participants in the beginning student phase were characterized by a dependence on external supports such as supervision. This was particularly evident when "difficult clients" presented as initial clients. Consistent with earlier research, the participants described feeling anxious when working with suicidal clients (McAdams & Foster, 2000; Menninger, 1990; Pope & Tabachnick 1993; Richards, 2005), demanding and angry clients (Menninger, 1990; Pope & Tabachnick 1993), personality disordered clients (Goldstein, 1998), and dealing with silence within the session (Menninger, 1990). Of note, one of the common concerns in the counselling literature described fears of client violence including threats, display of firearms and weapons, or destruction of the therapist's office. This was not generally reported by the participants, with two possible exceptions: Beth described some initial apprehension when first counselling incarcerated males and Anita described becoming "tense" when trying to intervene in an escalating conflict between two individuals at a women's shelter. None of the participants reported fearing or having been threatened or physically attacked by their clients. Although some

participants had described significant anticipatory anxiety imagining catastrophic "what-if...?" scenarios, none had indicated that they were fearful of client violence. This was an interesting finding since fears of this nature are commonly reported in the literature. There are several possible explanations for the participants' general lack of fear for their personal safety. At the time of the interviews, most of the participants were relatively inexperienced and had had very few sessions and limited experience. Many of the participants voiced a need or desire to be liked by and to please their clients. Therefore, they may have wanted to avoid confrontation and did not make challenging statements, even when such statements could have had great therapeutic potential. Alternatively, the participants may have been too concerned about other aspects of their training such as evaluation pressures, completion of course requirements, and mastery of counselling micro-skills. Additionally, the nature of the participants' personalities may also have been a factor in the way that they interpreted and responded to client communication and interactions.

The participants' general need for additional support was an interesting finding, in that each of the participants sought out guidance and supervision to gain a sense of clarity about what to do with their clients. However, the amount of support and supervision required, and received, varied from participant to participant and may have been influenced by the situation or client issue. Some participants developed a sense of their role prior to engaging clients, felt quite confident, and tended to seek out consultation and support but less often than those who were not as confident, unsure of their role and who experienced significant anxiety when counselling clients. Participants in the former group were more comfortable with ambiguity in counselling while those in

the latter group needed constant reassurance. Participants with relatively lesser experience desired more from their support networks than they received, while more experienced participants reported greater reliance on their own experiences and resources and somewhat lesser anxiety, although it was still present for some. Several instances were described by both groups which highlighted their fluctuating sense of self-confidence, self doubt, and competence. Given this observation, it is suspected that the trend of declining anxiety with increasing experience and development would continue if the participants were followed over the course of their counselling careers (Skovholt & Rønnestad, 2003).

In the novice counsellor's search for a professional identity, the beginning counsellor's affect is one of enthusiasm and insecurity (Skovholt & Rønnestad, 2003). Indeed, the participants were quite eager to be as helpful as possible, but many felt that they had not sufficiently established their counselling skill sets leading them to "what if?...." catastrophizing lines of inner dialogue and feelings of insecurity. It has been reported that due to this fragility, the beginning counsellor is highly reactive to negative feedback (Skovholt & Rønnestad, 2003). For some beginning counsellors in this study, when a client informed them that a specific approach was not working, their reaction was sometimes defensiveness and interpreted as a global attack on their competence as a counsellor (Menninger, 1990). In turn, increased anxiety can often be an associated experience. Other participants however viewed this type of client input differently and gladly accepted the client's honest and direct feedback to help them become unstuck in therapy. The perspective that one takes towards client feedback may be related to the role that one adopts as either expert or facilitator: those in the expert role may view critiques

and contradictions as challenges and attacks on their core counsellor identity. The beginning counsellor's approach to their role in working with clients was a noteworthy finding. Several participants attempted to dictate courses of action for their clients with varying degrees of success. Others sought to facilitate the client's arrival at a decision or solution. Those in the more prescriptive camp described stress and frustration in the amount of change that was happening, and when little occurred, they tended to doubt themselves as counsellors. The participants described anxiety related to self-perceived incompetence, self-doubt, and insecurity in their knowledge. Some considered themselves to be "frauds," (Clance, 1985; King & Cooley, 1995; Thériault & Gazzoli, 2006) fearful that their limits of knowledge would be discovered or that they did not know enough to be helpful to their clients. Although feelings of incompetence and self-doubt were at times pervasive among the participants, it may have been the case that feeling like a fraud was more profound for those participants who perceived their role as "experts" who attempted to fix seemingly unfixable clients. Anxiety may have been present when they were unable to make the changes happen for those clients who demanded assistance, but did not want to commit to the change process. Initially, there may have been self-blame for not knowing enough to be helpful, while later there may have been the tendency to blame the client for the lack of progress in therapy. With experience, the counsellors were better able to re-adjust their expectations for change by identifying obtainable short and long term goals.

Orlinsky & Rønnestad (2005) reported that novice counsellors who lack professional confidence tend to become more anxious when faced with difficult counselling situations. In trying to reduce their observable anxiety in session, the

counsellor focuses their attention inwards which decreases their attention towards "optimally relating to the client." Participants in the current study appeared to react in a similar manner, especially in the context of live supervision and evaluation (Skovholt & Rønnestad, 2003). Some of the participants reported significant anticipatory and performance anxiety. During times of evaluation, the participants described a need to be on their "p's and q's" and some felt criticized. There was a sense of illuminated scrutiny felt by many of the individuals in the study, especially George who felt that he had to be "on" and focused on counselling mechanics during live supervision.

The models of counsellor development reviewed earlier described a transformation in the novice counsellor's professional identity where there is an inverse relationship between self-confidence and anxiety (Grater, 1985; Hill, Charles, and Reed, 1981; Loganbill, Hardy, & Delworth, 1982; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Stoltenberg, McNeill, & Delworth, 1998). As the novice counsellor gained more experience, self-confidence increased and anxiety tended to decrease. As well, a commonality between the models included a shift from dependency to increased autonomy. The beginning counsellor initially requires external support and is dependent on supervisors, consultants, and peers. As skills and competence develop, this dependency is gradually replaced by a reliance on internal resources and skills. The findings from the current study are consistent with this general trend. While the trend may have been more clearly defined had the participants in this study had more experience to draw from (i.e., senior professionals), those participants with more experience reported becoming slightly less anxious than participants with less experience. Participants with more experience reported increased comfort and confidence in their

developing skills. Beth, for example, was able to listen more effectively on multiple "channels" and not be as overwhelmed as she had when she had just begun working with clients. In fact, Beth's anxiety appeared to decrease especially upon completion of her doctoral internship and increased confidence as a counsellor. However, it was interesting to observe that Leonard's anxiety had increased as he went from the beginning to advanced student phases. At the Master's level, his initial anxiety was reportedly minimal, but it had increased when he became a PhD counselling student and he felt that he had to take on more responsibility than he had previously. Rønnestad & Skovholt (2003) had suggested a possible reason for an increase in anxiety at this stage was that counselling tasks were becoming more complex and required more attention to be performed competently. As such, the increased complexity added to Leonard's experience of anxiety. As well, Leonard noted that there was "more on the line" in terms of his own expectations of himself as a counsellor.

Recommendations for Clinical Training

Findings of this research suggest that anxiety is a normal part of the process of becoming a professional counsellor. However, it is important to monitor one's anxiety to prevent it from getting out of control to the point where it can negatively impair performance. The participants have suggested a number of strategies which have been supported in the literature including increasing awareness; engaging in activities that foster personal and professional growth; self-care; and seeking opportunities for further learning and supervision.

Incorporating Critical Reflective Practice

The subtheme of personal and professional growth involved enhancing one's awareness and incorporating critical reflection. Critical reflective practice is helpful in increasing awareness of counsellors' affective states and has been identified as central to counsellor development and professionalism (Hilton & Slotnick, 2005; Irving & Williams, 1995; Rønnestad & Skovholt, 2001; Skovholt & Rønnestad, 1992), especially as it applies to processing feelings of anxiety. Reflection also allows for the identification of areas of personal difficulty and the opportunity to develop strategies. Furthermore, critical reflective practice is a means of helping the beginning counsellor deal with ambiguity, complexity and anxiety that arises from the act of counselling (Neufeldt, 1999) and the continual refinement of a professional identity. The participants in this study agreed that the process was to initially increase their awareness of anxious thoughts and feelings, critically reflect upon the specific situation and circumstances to determine the underlying message, and then develop an action plan in response. For these participants, critical self reflection occurred through supervision, mentoring, peer consultation, journaling, and meditation. Leonard indicated that the experience of anxiety was unpleasant but could be a valuable teaching tool if the counsellor is able to attend to it and discover its meaning. Leonard believed that his experiences of anxiety helped keep him honest about his strengths and weaknesses as a counsellor.

> You don't want to be bullshitting yourself that you're such a great therapist when you're really not that good. Neither do you want to be killing yourself about being the world's worst therapist when you're really doing fairly well. You want to be reasonably accurate in how you're doing.

In such a personal assessment, areas for growth could be identified and self confidence and esteem could flourish. Furthermore, it may become a realistic indicator to reasonably compare present skills with short and long term counsellor developmental goals. As is the case with self-care strategies, reflective practice ought to be encouraged and supported early in the course of counsellor development (Pope & Vasquez, 2005).

Another important implication for ethical practice is the need to identify and manage emotional boundaries (Skovholt, 2001; Skovholt and Rønnestad, 2003). Several of the participants described intrusive worries about clients after hours which interfered with their functioning. Skovholt's (2005) "cycle of caring" is particularly apt to describe how participants in this study became emotionally overwhelmed. The cycle of caring has been described as a "one way caring relationship as a guest in the client's life" (Skoholt, June, 2006; personal communication/presentation at UofA). It is characterized by the counsellor's initial empathetic attachment and connection with the client; followed by active involvement and engagement; and finally felt separation and saying goodbye. Through this process of engaging a client, the counsellor may become emotionally and/or cognitively overloaded. When this occurs, it has been suggested that counsellors respond in one of three ways: premature, insufficient, or functional closure (Skovholt & Rønnestad, 2003). The goal of functional closure is to successfully extract oneself following empathic attachment and active involvement with the client and "let go of the active emotional burden" (Skovholt, 2005, p. 90). Counsellors who experience premature closure in their therapeutic relationships are unable to deal with the client's intense emotional world and have difficulty entering or maintaining contact with the client at a deep level. In the present study, some participants described difficulty connecting with

emotionally intense clients who were angry, yelling, abusive, and critical of them. It is possible that when these participants became stuck or unsure how to proceed with those clients, they were prematurely closing down that relationship. Insufficient closure describes the counsellor's inability to shut down the session emotionally or cognitively with the result that the counsellor cannot stop feeling disturbing emotions or thinking about the client's problems. The spillover into one's personal life in the form of intrusive thoughts or dreams appears to be an example of insufficient closure as demonstrated by some of the participants in the current study. It has been suggested that beginning counsellors would do well to avoid these types of difficulties by critically reflecting on how porous or rigid their emotional boundaries are and become better at monitoring and controlling these boundaries (Skovholt & Rønnestad, 2003).

Adjusting Expectations

For all but one of the participants, there was an urgency to learn as much about everything as possible in as short a time as possible. From very early in their programs, many of the participants pushed themselves to acquire knowledge in many areas of counselling. Consistent with the literature, some of the participants struggled with unrealistic expectations for client change which created stress. When change was not immediate or significant enough the counsellor began to doubt their own skills and competency. It was noted by participants however that this perspective became modified fairly quickly.

As we would expect the client to do, counsellors need to identify their own personal issues, notice how they may be influencing their practice, and then work on them. This happens over the course of a lifetime. Choosing to believe that counsellors do

not experience personal difficulties or should have all the answers all the time to bring to the task of living would likely further compound anxiety, insecurity, and stagnation in terms of counsellor development. The participants confirmed that this is one of the challenges of personal development.

Support for Students

One of the reasons for this study was to be able to provide new counsellors-in-training with support and options for coping with their anxiety. A departmental graduate counselling student handbook describing typical anxiety provoking situations faced by beginning counsellors in practica and internship settings, as well as healthy and effective ways of dealing with that anxiety could easily be developed on the basis of this research and current student input. There have been calls for the integration of stress management techniques into the curriculum of graduate level counselling programs (Sowa & May, 1994), and in-service training for practicing counsellors (Rabin, Feldman & Kaplan, 1999). Specifically, it has been suggested in the literature that program administrators evaluate sources of stress and develop strategies to address self-care, assertiveness training, cognitive /rational strategies, relationship skills, relaxation, appropriate boundary setting and organization and planning skills. While some programs do this, others do not to the same extent.

Peer Mentors

The counselling research literature has been advocating the inclusion of mentors in the training of counsellors (Pica, 1998; Skovholt & Rønnestad, 1992, 2003) and the current findings echo this call. Graduate counselling programs across the country are well advised to adopt a peer mentoring program to help reduce the beginning counsellor's

anxiety. Participants indicated that peer support, particularly someone who "understands and has been there," was most helpful to them when they were feeling anxious or overwhelmed.

Supervision

It was interesting to note that the quality of the supervision was an important factor in reducing the beginning counsellor's anxiety. Participants in Linley & Joseph's (2007) study who received clinical supervision reported greater levels of personal growth. While the findings in the current study are consistent with this idea, the theme of "goodness-of-fit" was identified by the participants as an important factor in the effectiveness of the supervisory relationship. Differing values, degrees of trust and acceptance, and evaluation affected the student's developing confidence and self-efficacy (Ladany & Friedlander, 1995). Participants who felt safe and supported by their supervisors felt more confident, competent and less anxious (Carey et al, 1988). The search for a best-fit often led to satisfactory supervisory relationships that were fertile ground for trying out new approaches and techniques. Some participants described a relatively good fit with their supervisors, but felt the pressure to perform and perceived that they were constantly being scrutinized. This led some of the participants to experience increased performance anxiety.

Participants described some supervisory relationships which felt unsafe and became sources of anxiety in themselves rather than being helpful. For those participants who initially reported a poor supervisory fit, it was noted that better matches were subsequently found with additional searching and some adaptation on the supervisee's part. Often these alternate supervisors were located within the same department. It is

recommended that graduate departments offer training in supervision so that supervising counsellors in training centers and outside placements have a more thorough understanding of student needs and are better prepared to meet these needs. However, it is important to note that while specialized training in supervision does not guarantee good supervision, it is an important step in developing good supervision skills. Further, it would allow for a degree of consistency in terms of supervisor and supervisee expectations across settings and developmental stages.

Encourage Students to Develop Self-care Strategies Early

In general, the participants agreed that self-care was essentially about re-centering or achieving balance in one's life between personal and professional identities (Leiter & Harvie, 1996). Unfortunately, the explicit inclusion of self-care into training program curricula is sorely lacking despite recommendations from the counselling literature (Mahoney, 1997; Thériault & Gazzola, 2006). O'Halloran & Linton (2000) noted that counsellors do not often engage in self-care to the same extent that they would have their clients do. However, for the most part, the participants in the current study appeared to be using similar methods of dealing with their own anxiety as they would use with their clients.

Pope & Vasquez (2005) strongly advocated for developing self-care strategies before beginning professional practice as this is an area which, if ignored, could cause significant impairment, disillusionment and fatigue. Given the wide variety of individual characteristics among counsellors, and the lack of a universally fitting self-care plan, counsellors must invest time to determine what aspects of self-care would be personally helpful. The participants noted that effective self-care strategies must incorporate those

things which maintain and restore a sense of balance. Their methods of dealing with self-care issues were varied and idiosyncratic. In attempts to re-center, participants engaged in regular physical exercise, ensured sufficient rest and relaxation, made time for meditation, critical reflection, spiritual pursuits, hobbies, and often sought changes in scenery (i.e., connecting with nature, others).

One of the important implications of these findings was that a prescriptive approach to self-care might not be as effective as one's personal search for self-care activities that fit with their unique personality and interests. For example, mountain climbing may be calming for one individual; but could create significant anxiety for another individual. Consistent with the theme of "goodness-of-fit" presented earlier, the beginning counsellor is well advised to engage in a search for interesting and effective self-care ideas that fit well. Equally important, strategy effectiveness should be reflected upon regularly to ensure that the strategies continue to fit as the counsellor experiences personal growth.

Self-care helps ensure competence and reduce potential for burnout. Of relevance, Pope & Vasquez (2005) identified six problem areas that counsellors ought to address when considering their self-care needs including: isolation, monotony, fatigue, becoming too sedentary, dispirited, and lack of support. They encouraged counsellors to combat these difficulties through connecting (and re-connecting) with others outside of work. Seeking out other work activities such as lecturing, consulting, supervision, professional associations, volunteer activities was suggested as a means to break the monotony of counselling practice. To reduce fatigue, Pope & Vasquez indicated that individuals must also assess their capacity for realistic client scheduling/workload and adhere to it. This

can be a particularly difficult task to at least initially assess with limited experience and great enthusiasm, and then know realistically when to make the cut-off.

Consistent with the suggestions of Pope & Vasquez (2005), the participants in this study met their physical needs in a variety of ways by making opportunities for moving, stretching, and physical exercise. In addition, Pope & Vasquez urged beginning counsellors to set aside enough time for meditation, prayer, and other spiritual or religious practices. Suggestions encompassed a wide range of activities including: "reading, writing poetry, hiking through the woods, playing or listening to music, sitting on a river bank or hillside, acting in or viewing a play, or watching a sunset" (Pope & Vasquez, p. 17). Finally, developing a support network consisting of supervision, consultation, additional training, and personal therapy was a recommendation that was echoed by the participants.

Personal Therapy

Some of the participants such as Amber felt that counsellor support was haphazard at best and suggested that training programs provide some form of structured support for their graduate students. Amber noted that some students and professors became an informal support group for her, but that some students did not develop similar support groups and experienced a great deal of stress and anxiety. She suggested that there should be opportunities for counselling and support services when required.

With respect to mentoring and supervision in counsellor training, the boundary between personal therapy and professional development can become quite fine. There is certainly a strong need for the developing counsellor to reflect on and process their personal life issues, and several researchers have encouraged beginning counsellors to

participate in personal therapy (Hansen, 1997; Norcross, 2005; Rønnestad & Skovholt, 2001; Schroder & Davis, 2004; Watkins, 1985). Being aware of the inherent difficulties in providing personal therapy to students within the framework of a training institution, Rønnestad & Skovholt (2001) have suggested that counselling students in graduate school may meet their processing needs by attending seminars led by practitioners outside of the training program.

Similarly, in an attempt to reduce anxiety and ambiguity inherent in counselling graduate training, it has been suggested that a one-credit group therapy experience facilitated by a non-faculty seasoned clinician be implemented during the first year of training (Pica, 1998). In this group supervision forum, participating counselling graduate students would discuss counselling difficulties they were experiencing, receive feedback and validation from others who have had similar experiences. Such an opportunity would allow for the successful processing of anxieties and fears and increased confidence in one's abilities particularly if the facilitator was a match for each individual in the class. It seems that one of the difficulties in putting together a personal development course that can be useful to many individuals with different needs at various points in their development is related to structure, course organization and ethics.

It is assumed that a person's history, experience and background will influence their personal growth needs at any given time. Therefore, participating in a personal development course may result in different outcomes depending on the timing and receptivity of the various participants. It may be a matter of readiness to hear a certain idea or concept related to personal and professional development. Another difficulty arises when certain self-care activities are prescribed rather than discovered, in terms of

effective follow through. It seems to be akin to telling a client step by step what they must do in order to solve their problems. The difficulty there is that counsellors are not unlike their clients in that it may be more of a personal journey that they must find a way to chart the course without interference.

Considerations

This study explored counsellor experiences of anxiety as a function of participating in the counselling process. The term 'counselling process' was used to help focus and guide participants in their articulation of their experiences of anxiety related to counselling interactions rather than focusing on anxiety arising from academic program demands or stress and anxiety related to personal life events. Although it was not the intention of this study to focus on anxiety from these other sources, it was clear that anxious experiences of this nature were often integrally related to one's development as a counsellor and difficult to tease apart.

Future Research Directions

To explore how the experience of anxiety varies at different points in counsellor development, another methodological approach would be required. For instance, a longitudinal study following participants throughout their professional development would give further understanding to how counsellor affect changes with time and experience. The participants in the study were beginning counsellors in graduate school. While the literature reports that this is a time of considerable anxiety, there appears to be some contradiction as to whether or not experience necessarily eliminates anxiety later in career development (Orlinsky et al, 1999; Thériault & Gazzoli, 2006). It would be interesting to investigate the anxiety experience across the spectrum of professional

counsellor development using both a longitudinal and cross-sectional method with a focus on specific types of effective strategies to keep anxiety in check. In considering self-care as a means of reducing one's anxiety, how do attitudes towards self-care practice change over the career of a professional counsellor? This approach could inform the counsellor development literature in regards to matching useful strategies with situations.

Also, continuing research could include a measure of personality (i.e., NEO Personality Inventory-Revised) so that a number of strategies that are reported to be effective by individuals with specific personality types could be identified and incorporated by counselling students with similar personality profiles. The rationale would be to assist the novice counsellor who is searching for helpful coping strategies.

The findings in this study suggested several sources of anxiety that were commonly reported by the participants. For example, most reported experiencing significant anxiety when working with suicidal clients, however one participant did not. Through the use of personality assessment questionnaires as well as in-depth personal history interviews, future research may shed more light on anxiety as an intrinsic process. That is, what is it about a particular counsellor that pre-disposes him/her to the experience of anxiety when faced with anxiety provoking situations? The current study noted that participants tended to engage in negative thinking about their competence as a counsellor. Some participants described an eagerness to please and to be liked by their clients and others preferred to avoid confrontation and conflict. Certainly, factors such as personality, theoretical orientation, family of origin issues, educational and other relevant history influence the counsellor's perspective on life. For example, one might

anticipate that a counsellor who was a victim of violent crime would experience anxiety if they were to work with violent offenders or with other victims of crime. On the other hand, the counsellor's experience might prove to be a shield against anxiety because they have an increased awareness of possible client reactions.

It would be interesting to explore the relationship between theoretical orientation and the experience of anxiety. In their graduate training, the developing counsellor is exposed to many theories of counselling and human behaviour. Through their consideration, acceptance and rejection of various theoretical tenets, an orientation is adopted. What can be said about individuals who choose one theoretical orientation over another with respect to anxious proclivities? Empirically validated protocols have been established for the cognitive behavioral treatment of depression and several anxiety disorders. Many beginning counsellors may be drawn to treatment manuals in an attempt to exert some control over the ambiguity and their feelings of anxiety.

There is a need in the helping professions for increased self knowledge so that practitioners are better equipped to help others. Knowledge of the counsellor's personality and preferences can be helpful in matching and sorting clients to prevent overwhelming anxiety and burnout for the counsellor and possibly increased positive outcomes for the client.

Conclusion and Final Reflections

In evaluating interpretive accounts, Ellis (1998) suggested that the research be considered in light of how well the underlying concern, which initially prompted the research, has been answered. Ellis offered the following six guiding questions to assist in this evaluation;

1. Is it plausible, convincing?
2. Does it fit with other material we know?
3. Does it have the power to change practice?
4. Has the researcher's understanding been transformed?
5. Has a solution been uncovered?
6. Have new possibilities been opened up for the researcher, research participants, and the structure of the context? (pp. 30-31).

Upon review of the interpretive accounts presented in this thesis, the anxiety provoking aspects of counsellor development described are reflective of both the academic literature and the telling and re-telling of trial-by-fire stories from fellow graduate counselling students. During the writing of this dissertation, the researcher sought and received feedback from a number of participants, peers and advisors. It was noted that the content of the participants' accounts truly resonated within this group, in that many were observed to nod in agreement and state, "Oh, I remember going through the same thing" and "I felt very much like this participant." In this manner, the accounts are plausible, convincing and do fit with the experiences of developing counsellors.

The question of whether the research has the power to change practice is an interesting one in that I believe the answer is an unequivocal "yes," however it is not always clear to what extent clinical practice on an individual level will be changed. The influence of this study may likely be unseen and, unless queried, may not become formally known. For example, in discussing the utility of the current study's findings, one of the researcher's advisors commented that several of the ideas presented in the participant summaries were particularly relevant to a client that they were seeing. Having read these sections contributed to their conceptualization of the case and possibly the therapeutic interactions with that client.

Similarly, novice counsellors/consumers of this research may also make positive changes for themselves and /or their clients through reflection on one or more of the themes presented in this study. Some of the participants suggested that taking part in interviews for this study provided them with an opportunity to reflect on, and make changes, to their own counselling practices.

As a researcher in this area, my knowledge has been transformed in several ways. First, there was a confirmation, validation and normalization of my own personal experiences of counselling anxiety. Secondly, a greater appreciation for the complexity of the counselling process has been cultivated, particularly with regards to sources of anxiety for the beginning counsellor. Finally, the participants' rich descriptions of a great variety of coping strategies were quite encouraging and demonstrative of creative therapeutic thinking.

Several potential solutions for preventing and overcoming counsellor anxiety have been put forward by the participants throughout the identification of five key subthemes: 1) personal and professional growth; 2) self-care; 3) seeking enhanced learning; 4) supervision; and, 5) approaches to helping anxious colleagues. While there were some similarities among the participants in their strategy use, one of the interesting aspects was that participants selected those strategies which yielded the best fit with their personal philosophies, lifestyle, and professional work settings. Therefore, prescription of a specific self-care strategy may work perfectly well for one individual but be totally anxiety provoking for another. Much like developing a professional role, participants identified those strategies that were the best fit for them at that point in their development. What can be said however, is that in dealing with anxiety one must first

become aware of it, search for its underlying meaning, and then set about to make changes that reduce the anxiety to a more comfortable level. Other participants challenged some of their beliefs about counselling practice, especially around the concept of self-care strategies. At the time of writing, it is unclear how the participants modified their self-care practices, if at all. However, given the opportunity to reflect on this important aspect of their developing professional identity there is the possibility of re-evaluation of current practice and changes may be incorporated. In this regard, the question of new possibilities has been addressed.

Anxiety impacts what and how counselling students are learning. Some participants experienced significant anxiety when working with specific client types and as a result either chose to learn more about that area of discomfort or avoid it altogether and renounce it as an area beyond one's professional competency. There may be a perception among students that certain areas of practice are more difficult/anxiety provoking/risky than others. Because of heightened anxiety, some students may refrain from pursuing, or continuing in certain practica or studies. I do not mean to imply that all counselling students should garner counselling experiences from all areas of professional practice, but that the presence of anticipatory anxiety could be a prohibitive factor in exploring areas of professional practice at the time of professional identity development.

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Appendix A: Purpose of the Study

Purpose and Nature of the Study

The purpose of the current study is to explore and better understand the experience of anxiety that counsellors-in-training may experience. Some models of counsellor development make some reference to this experience, but relatively little has been written to provide the counsellor-in-training with a rich description of this potentially critical aspect of development, and perhaps more importantly describe practical and effective ways in which such experiences are resolved.

Allow me to state from the onset that there have been a number of situations in my own development as a counsellor that have occurred which created a sense of anxiety for me. On an informal basis, I have spoken with several colleagues at various points in their professional development who shared with me their descriptions of challenging situations and subsequent experiences of anxiety. What a relief to realize that I was not alone! As I spoke with others and reviewed the literature it became apparent that this aspect of counsellor development was indeed worthy of further exploration, and thus the impetus of this study.

I realize that some people may be reluctant about the idea of participating in a study that could be perceived as threatening and possibly leaving one with a sense of being vulnerable to criticism, harsh evaluation or scrutiny from a peer/colleague. I can assure you that the spirit of the study represents an opportunity for counsellors-in-training to reflect upon, and explore their own experiences of anxiety while at the same time, making an important contribution to the research community and the profession of Counselling Psychology.

There will be a series of semi-structured interviews over the course of data collection. You have the right to refuse to answer any question, to end interviews, and/or withdraw from the study at any time without explanation or penalty. There is a risk that reflecting on your experiences of anxiety may lead to heightened levels of anxiety. If the services of a counsellor are necessary, resource persons that you may contact will be suggested.

A professional transcriber who has agreed to, and signed a confidentiality agreement in compliance with the U of A Standards will transcribe interviews. Following transcription, in order to assure confidentiality of personal information and anonymity, all audiotapes and transcripts will be kept in a safe and secure location accessible only to the researcher. The researcher's supervisor will not hear any audio taped interviews. Pseudonyms will be used and potentially identifiable information will be altered to further protect participant's confidentiality. Transcripts will be maintained as confidential files.

Any questions that you may have about the study at any time will be answered by Andrew Smith (ph. 492-6986) or Dr. R. Everall, supervisor of the study (492-1163). If requested, the results of the study can be discussed with each participant when completed.
Andrew Smith

Appendix B:
Consent to Participate Form

Consent to Participate

I am aware that the purpose of this study is to explore the counsellor-in-training's experience of anxiety as related to the counselling process and to describe strategies that were helpful to me in processing this anxiety. This will be accomplished through the use of semi-structured interviews. The study will be conducted as a Doctoral Dissertation by Andrew Smith, Provisionally Chartered Psychologist, under the supervision of Dr. Robin Everall, Professor, from the Department of Educational Psychology at the University of Alberta.

I agree to participate in the study by being interviewed about anxiety that I may have experienced as a counsellor-in-training as related to the counselling process. I understand that a series of semi-structured interviews will be tape recorded on audio cassette, and subsequently transcribed for the purposes of analysis. I understand that participation in this study is strictly voluntary. I agree that I have been given a comprehensive explanation of the purpose and nature of this research, and agree that I have had all relevant questions regarding the research answered by the researcher. I understand that if I have any further questions at any time during the research I can feel free to ask the researcher. I understand that I have the right to refuse to answer any question, to end interviews, and/or withdraw from the study at any time without explanation or penalty. I am aware that there is a potential risk associated with reflecting on my experiences of anxiety possibly leading to heightened levels of anxiety. If necessary, appropriate resource persons to contact (i.e., counselling support) will be suggested by the researcher, Andrew Smith. I understand that in order to assure confidentiality of personal information and anonymity, all audio tapes will be kept in a safe and secure location accessible to only to the researcher. I will be referred to by a pseudonym in all written material that results from this study and potentially identifiable details will be altered so as to make personal identification impossible. Transcripts will be maintained as confidential files. Neither Dr. R. Everall nor other University faculty will hear audio taped recordings to further protect participants' anonymity.

This study has been reviewed and approved by the Research Ethics Board of the Faculties of Education and Extension at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the Research Ethics Board at (780) 492-3751. Any questions I have about the study at any time will be answered by Andrew Smith (ph. 492-3746) or Dr. R. Everall, supervisor of the study (492-1163). I also understand that at my request, the results of the study will be discussed with me when completed.

On the basis of the above information, I _____(please print) agree to participate in the above study.

_____

Signature of Participant Date

_____

Witness Date

Appendix C: General Interview Guide

General Interview Guide

Tell me about the experience of counsellor-in-training anxiety?

What do counsellors-in-training do to address anxiety issues?

How does the experience of counsellor anxiety qualitatively differ at different points in counsellor development?

How would you have described yourself as a person prior to beginning Graduate school (i.e., Master's level)? And now?

At this point in your development as a counsellor, how would you describe yourself with respect to feeling anxious as a counsellor?

Please describe an anxiety – provoking event that you have experienced.

At what point did you first notice that you felt anxious with respect to counselling?
What was happening at that point?
How did you know you were anxious?
What physiological and psychological reactions did you experience during those anxiety-producing events?

What was helpful to you in processing your feelings of anxiety?

How have self-care activities been incorporated into your life, if at all?

If a co-student or colleague came to you stating that a particular counselling related event or situation was causing them very intense anxiety, what would you recommend as a means to reduce that anxiety to a comfortable and manageable level?